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MONTANA LEGISLATIVE HISTORY

Chapter 97 19 89

Bill H _____ S 26 Original bill & history ____C

H. Committee on Human Services & Aging			S. Committee on Public Health Welfare & Safety		
Hearing Date(s)	Mar 01	✓ C	Hearing Date(s)	Jan 25	✓ C
	_____	____C		Feb 08	✓ C
	_____	____C		_____	____C
	_____	____C		_____	____C
Date Out	Mar 02	✓ C		Feb 13	✓ C

Did this bill originate in an interim committee? ____Yes ____No

Committee _____ Report _____

SENATE FINAL STATUS

1/02	REFERRED TO LOCAL GOVERNMENT		
1/05	HEARING		
1/05	COMMITTEE REPORT--BILL PASSED		
1/07	2ND READING PASSED	48	0
1/10	3RD READING PASSED	49	0
	TRANSMITTED TO HOUSE		
2/21	REFERRED TO LOCAL GOVERNMENT		
2/28	HEARING		
3/01	COMMITTEE REPORT--BILL CONCURRED		
3/03	2ND READING CONCURRED	89	0
3/04	3RD READING CONCURRED	89	4
	RETURNED TO SENATE		
3/10	SIGNED BY PRESIDENT		
3/10	SIGNED BY SPEAKER		
3/10	TRANSMITTED TO GOVERNOR		
3/13	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 82 EFFECTIVE DATE: 10/01/89		

SB 25 INTRODUCED BY BISHOP
FREE HOSTAGES AND REGAIN ORDER BEFORE NEGOTIATING WITH PRISON INMATES

1/02	INTRODUCED		
1/02	REFERRED TO STATE ADMINISTRATION		
	DIED IN COMMITTEE		

SB 26 INTRODUCED BY WEEDING, ET AL.
PROVIDE FOR APPROVAL OF PHYSICIAN ASSISTANTS-CERTIFIED; REGULATE PRACTICE OF SAME

1/02	INTRODUCED		
1/02	REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY		
1/25	HEARING		
1/30	FISCAL NOTE REQUESTED		
2/06	FISCAL NOTE RECEIVED		
2/07	FISCAL NOTE PRINTED		
2/10	REVISED FISCAL NOTE PRINTED		
2/10	COMMITTEE REPORT--BILL PASSED		
2/11	REREFERRED TO RULES		
2/13	COMMITTEE REPORT--BILL PASSED AS AMENDED		
2/15	2ND READING PASSED AS AMENDED	50	0
2/15	FISCAL NOTE REQUESTED		
2/17	3RD READING PASSED	49	0
	TRANSMITTED TO HOUSE		
2/20	FISCAL NOTE RECEIVED		
2/21	REFERRED TO HUMAN SERVICES & AGING		
3/01	HEARING		
3/02	COMMITTEE REPORT--BILL CONCURRED		
3/04	2ND READING CONCURRED	92	0
3/06	3RD READING CONCURRED	91	2
	RETURNED TO SENATE		
3/10	SIGNED BY PRESIDENT		
3/11	SIGNED BY SPEAKER		
3/11	TRANSMITTED TO GOVERNOR		
3/15	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 97		

SENATE FINAL STATUS

EFFECTIVE DATE: 10/01/89 (S1, 2, 5, 7-12, 14-22)
EFFECTIVE DATE: 03/15/89 (S3, 4, 6, 13, 23)

SB 27 INTRODUCED BY MEYER
GENERALLY REVISE SECURITIES LAWS
BY REQUEST OF STATE AUDITOR

1/02	INTRODUCED		
1/02	REFERRED TO BUSINESS & INDUSTRY		
1/06	HEARING		
1/07	COMMITTEE REPORT--BILL PASSED		
1/10	2ND READING PASSED	49	0
1/12	3RD READING PASSED	48	0
	TRANSMITTED TO HOUSE		
2/21	REFERRED TO BUSINESS & ECONOMIC DEVELOPMENT		
3/01	HEARING		
3/02	COMMITTEE REPORT--BILL CONCURRED AS AMENDED		
3/04	2ND READING CONCURRED	75	4
3/06	3RD READING CONCURRED	87	6
	RETURNED TO SENATE WITH AMENDMENTS		
3/08	2ND READING AMENDMENTS CONCURRED	49	0
3/11	3RD READING AMENDMENTS CONCURRED	48	0
3/16	SIGNED BY PRESIDENT		
3/16	SIGNED BY SPEAKER		
3/17	TRANSMITTED TO GOVERNOR		
3/23	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 249 EFFECTIVE DATE: 3/22/89		

SB 28 INTRODUCED BY MEYER
CLARIFY DEFINITION OF VETERINARY MEDICINE

1/02	INTRODUCED		
1/02	REFERRED TO AGRICULTURE, LIVESTOCK & IRRIG.		
1/06	HEARING		
2/16	COMMITTEE REPORT--BILL PASSED AS AMENDED		
2/20	2ND READING PASSED	50	0
2/21	3RD READING PASSED	50	0
	TRANSMITTED TO HOUSE		
2/22	REFERRED TO AGRICULTURE, LIVESTOCK & IRRIG.		
3/08	HEARING		
3/08	TABLED IN COMMITTEE		

SB 29 INTRODUCED BY GAGE
PROVIDE RULEMAKING AUTHORITY TO BOARD OF OIL AND GAS FOR SEISMIC SHOT HOLES
BY REQUEST OF DEPARTMENT OF NATURAL RESOURCES & CONSERVATION

1/03	INTRODUCED		
1/03	REFERRED TO NATURAL RESOURCES		
1/11	HEARING		
1/13	COMMITTEE REPORT--BILL PASSED		
1/16	2ND READING PASSED	48	0
1/18	3RD READING PASSED	48	0

MINUTES

MONTANA SENATE
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Chairman Hager, on January 25, 1989, at 1:00 p.m.

ROLL CALL

Members Present: Senators: Tom Hager, Chairman, Tom Rasmussen, Vice Chairman; J. D. Lynch, Matt Himsl, Bill Norman, Harry H. McLane, Bob Pipinich.

Members Excused: None

Members Absent: None

Staff Present: Tom Gomez, Legislative Council
Dorothy Quinn, Committee Secretary
Delores Harris, Secretary

Announcements/Discussion: Senator Hager announced that Committee Secretary Louise Sullivan had moved to the Governor's Office, and has been replaced by Dorothy Quinn.

HEARING On Senate Bill #26

Presentation and Opening Statement by Sponsor: Senator Cecil Weeding, Senate District #14, stated that this bill deals with the licensure and regulation of Physician Assistant-Certifieds in Montana. It proposes substantial revisions of the current PA law on the books. It will provide for some limited representation on the Montana Board of Examiners. It will provide for licensure. It will provide for some limited prescription and dispensing authority, and will clarify rules relative to billing for insurance. It amends many sections of law. The first nine sections are new sections. Senator Weeding requested permission to go through and introduce amendments as he went through each section in order, noting changes. Permission was granted by Chairman Hager. (Exhibits 1,2,3).

List of Testifying Proponents and What Group they Represent:

Paul Wheeler, Montana Academy of Physician Assistants
Jim Reid, Practicing Physician Assistant
Darryl Espeland, DO, General Practice Physician

James W. Crichton, M.D., Montana Academy of Family Physicians
Frank Newman, Director of Montana Area Health Education Center
Vicki Williams, B.S.R.N., State of Washington
Helen Viker, R.N., Broadus, Montana
Jim Ahrens, President of Montana Hospital Association
Milton Markuson, Montana Association of Counties
Susan Cahill, PA-C, Kalispell, Montana

List of Testifying Opponents and What Group They Represent:

Jerome Loendorf, Attorney, Montana Medical Association
John McMahon, M.D., Montana Medical Association
Tom Hopgood, Attorney, Health Insurance Association of America
Sharon Dieziger, Montana Nurses' Association
Jean Shreffler, Montana Nurses' Association
Barbara Booher, Montana Nurses' Association

Testimony:

Paul Wheeler submitted written testimony to the Committee which he read and is attached as EXHIBIT #5. He stated he believes SB #26 is a viable solution to Montana's rural health care crises. He noted that Montana has only 26 practicing PA's compared to South Dakota's 150 and Washington's 600. He presented an extensive list of supporters (Exhibit #4).

Jim Reid provided prepared testimony (Exhibit #6). He stated this bill does not propose anything new or different from what is currently being done in other nearby rural states. In his opinion prescriptive authority is necessary if PAs are going to staff satellite clinics or other facilities without placing themselves, supervising physicians, or pharmacists in jeopardy. He addressed other concerns regarding billing and amending the Nurse Practice Act.

Darryl Espeland read and submitted his prepared testimony to the Committee (Exhibit #7). He gave first-hand information about working with PAs and their contribution to medical service in the rural areas, stating these areas have tried to recruit physicians but were unsuccessful. He addressed the problem concerning prescription medications. He stated he has never seen any inappropriate use of medications. He believes PAs should be represented and governed by the same body as represents and governs physicians, and he believes PAs should be represented on the Board of Medical Examiners.

James W. Crichton provided written testimony (Exhibit #8), and told the Committee he felt the most important item was licensing. Licensure will improve their ability to deliver their services where needed, and also enhance their status and allow them to function slightly more independently than in the past. He also strongly supports their ability to prescribe drugs in a limited way. He stated the Montana Academy of Family Practice generally supports the bill as proposed.

Frank Newman presented written testimony to the Committee (Exhibit #9). He advised he was testifying as a private citizen who has knowledge of health care delivery systems in Montana and issues of rural health. He added he was not acting as an agent of the Board of Directors of the Montana AHEC. He addressed the problem of the shortage of primary care physicians. He pointed out there are at least two legislative measures which recognize the value of the PA in the health care delivery system: (1) the Montana Medical Assistance Facility Act of 1987 and (2) Public Law 95-210, passed by Congress in 1977. He believes the PA, practicing under the supervision of a physician, provides a cost effective means of delivering quality health care to citizens of Montana, particularly in rural areas.

Vicki Williams submitted and read her written testimony to the Committee (Exhibit #10). She described the cooperative working relationship she believes exists between nurses and PAs in Washington. She is in favor of amending the Nurse Practice Act to allow Montana nurses to carry out patient medication and treatment orders from PAs. She urged a do pass recommendation on SB #26.

Helen Viker presented her written testimony to the Committee (Exhibit #11). She stated the Montana Nurses' Association and State Board of Nursing do not represent all nurses when they oppose SB #26. As a nurse who has worked with PAs, and one who recognizes the health care provider shortage in Montana, she urged passage of this bill to help ease this problem.

Jim Ahrens stated the Montana Hospital Association supports this bill. He believes that mid-level practitioners can play an important role in extending health care services to isolated rural, medically underserviced areas of our state. In order to make the most efficient use of mid-level practitioners, their practice privileges must be extended. He urged a do pass recommendation on this bill.

Milton Markuson presented Resolution 88-1 from the Montana Association of Counties. It strongly supports mid-level health care in rural Montana. He stated MAC supports SB #26, and urged support of the bill. ((Exhibit #12)

Susan Cahill reviewed the educational requirements for PAs. She presented and read her written testimony (Exhibit #13), which details these requirements.

Jerry Loendorf, representing the Montana Medical Association, stated that the Association supported PA legislation as early as 1975. They support PA utilization not only in the rural area but throughout Montana. He stated he was testifying as an opponent because they have some concerns about some of the amendments in the bill, most of which were not discussed by the proponents. He stated in 1981, when the current law was drafted, the Legislature enacted a general statutory scheme and delegated to the Board of Examiners the task of filling in all the details regarding the Physician-Physician Assistant team. At that time the Legislature specifically instructed the Board to have authority over (1) supervision (2) protocol) (3) whether physicians could supervise more than one assistant. He stated that although the first six sections of this bill appear to be new, many of them enact some of those regulations and some of them change those regulations, adding that in one case there is a repeat of a statutory provision. He discussed the regulation adopted by the Board concerning definitions of supervision. He stated it is a flexible regulation, and he believes that the strength of the current law is the fact that the Board has flexibility to compare the talents of the two people who compose the physician-PA team and to put those talents to use under a utilization plan. What goes into that plan and what the Board has to regulate is what type of supervision should be provided. This particular definition changes the law so the Board could never require a physical presence as long as people are in radio or telephone contact, as they will always be. The current regulation would allow the Board to allow physical presence where it deems that needed.

He also discussed Section 6, dealing with protocol, what instructions or assistance should the PA be able to give to other health care providers. The Legislature passed that on to the Board and the Board answered it by adopting a regulation which states that a PA's instructions must be followed where the other

health care provider has at least reasonable or actual knowledge that the instructions come from, or are in consultation with the physician, and the PA is required to give to those other health care providers with whom he works regularly a copy of the utilization plan so that they will know the scope of his authority. Section 6, for some reason, changes that, and no reasons were given by proponents for making that change. Another change that this bill would propose regards the prescribing of drugs. The current law does not prohibit the PA from prescribing drugs, but the Board so far has determined by its regulation enacted in 1982 that PAs should not prescribe drugs, they are allowed to dispense drugs. The Board determined that the physician should not be able to escape that responsibility in delegating the task of prescribing to a PA. If education or training standards have changed, it seems that is something that ought to be brought to the attention of the Board. The Legislature determined that this state agency has the appropriate expertise to evaluate the education and training with regard to the prescribing of drugs and it seems they would be better able to make that decision than you would arbitrarily today based on the testimony you have. He commented briefly on billing - no great concern, but it could create a great office problem. He believes the current law is better than this bill, at least in its current form.

Jack McMahon, M.D., Chairman of the Legislative Committee representing the Montana Medical Association, stated that it is obvious that the physicians of the state of Montana are not in unanimity in any way over this issue. He believes the ultimate responsibility of ordering of prescriptions lies with the physician. He also stated that the Board of Medical Examiners is totally opposed to a change in the composition of the Board. He believes the bill needs a lot of work, and unless it can be demonstrated that the avenues of correcting problems have been utilized and no response was given, then he does not believe anything should be done about the bill. and reiterated the adage, "If it isn't broke, don't fix it."

Tom Hopwood spoke in opposition to SB #26. He stated this bill, insofar as it pertains to insurance, is a guarantee of reimbursement of PAs and insures fiscal stability of rural PA staff facilities. According to Mr. Hopwood, that is the best language he has ever heard to describe a mandated benefit. He reiterated the basic stance of the Health Insurance Association of America and that is that mandated coverage, which this

bill is insofar as it pertains to insurance, is going to increase the cost of providing health insurance and it is going to increase the cost of health insurance premiums. This bill, and others like it, are a contributing factor to the rising rate of health insurance.

Sharon Dieziger, representing the Montana Nurses' Association, spoke in opposition to SB 26. She presented and read prepared testimony to the Committee. (Exhibit #14). She recognized the frustration of rural Montana to directly access health care, but noted that many studies show that PAs, as well as other health care providers, migrate to the more metropolitan areas once they are licensed for independent practice. She listed the concerns of the Montana Nurses' Association, as noted in her testimony. In an addendum she suggested this legislation be tabled until the Nurse Practice Bill can be reviewed and compared. She stated the bill presented today is different from any of the drafts that the Nurses Association reviewed previously. She stated that they have intentionally not initiated a heavy lobby effort from nurses at this time because they trust that this committee will analyze and review the questions they have.

Jean Shreffler, Montana Nurses' Association, presented and read her written testimony to the Committee (Exhibit #17). She presented her views of how the provisions of this bill would create unnecessary health care risks for the citizens of Montana in relation to the licensure laws; increased risk of error and increased risk of liability if the nurse is required to accept orders from the PA, and concerns for public safety relative to the provision that would allow the PA to supervise the Licensed Practical Nurse.

Barbara E. Booher, Executive Director of the Montana Nurses. Association. There are approximately 6000 Registered Nurses in Montana and the MNA represents approximately 1400 of those RN's. She appeared in opposition to SB #26, particularly Section 21. Specifically on Page 23, line 23, everyone recognizes that with terms physician, dentist, osteopath and podiatrist, the difference that adding a mid-level practitioner makes in this piece of legislation. Physician Assistant-Certifieds are, by their own definition and intention, to be mid-level practitioners. Physicians, dentists, osteopaths and podiatrists are not mid-level practitioners. They have the education, training and the definition of their practice which allows them to give orders for medications and treatment care to Registered Nurses,

and she questioned adding a mid-level practitioner in this kind of authority. It is the RNs of Montana and the nursing community that are asking the committee not to give a favorable recommendation on this specific part of the bill.

Questions From Committee Members

Senator Lynch questioned Jim Reid concerning the supervision of an RN. Mr. Reid stated that the language of the bill allows the PAs to transmit or initiate patient care treatment that should be followed by a nurse. The extension of a physician's authority through a PA is the premise on which 17 or more states actually ruled that PAs may initiate orders of treatment with the PA acting as an agent for the physician..

Senator Lynch asked if under this bill the PA would be able to prescribe drugs without the supervision of a physician. Mr. Reid stated that PAs would be able to initiate prescriptions without the prior approval of a physician, but that practice is reviewed by the supervising physician.

Senator Pipinich asked if the billing rate for PAs would be the same as the doctor's. In response Mr. Reid stated there is nothing in this statute that addresses the rate of reimbursement. Medicare tends to reimburse PA services at 65 to 75% of the physician's rate. In response to another question by Senator Pipinich regarding doctor and PA fees, Mr. Reid stated that in some areas the argument for maintaining the same rate has been that you get the knowledge and expertise of both the supervising physician and the PA.

Senator Himsl questioned Dr. Espeland regarding his obstetrical work and whether PAs do that type service. He stated he may have them do prenatal checks, but not actual deliveries.

Senator Hager asked a representative from SRS for his comments. In response Lee Tickell stated their concern was that the latter part of the bill includes the PA within a mandatory coverage under the Medicaid program, and he requested a fiscal note be done to assess the impact of the legislation on the Medicaid budget.

Senator Rasmussen asked Mr. Reid if there was communication attempted with the State Board of Medical Examiners to work out the problems of this bill. Mr. Reid advised that the PA has gained some representation on the Board of Medical Examiners in the last 6 to 12 months. He

stated a number of the issues are not currently allowed in statutes, and added the Board of Medical Examiners does not have the authority to confer some of the things the PAs are asking, but could address it in regulation.

Senator Lynch asked for the comparison of education between PAs and RNs, and asked what the college education experience consists of. Mr. Reid advised that the duration of most PA programs is 24 months, in addition to four years of college. He stated 67% of first-year PAs have a previous degree, but you do not need a BS degree to go to PA school. In response to an inquiry by Senator Rasmussen, he stated the minimum requirements for all programs are at least two years of college credits in health sciences and at least one year of prior medical experience - 24 months of training.

Senator Himsl questioned whether or not the Committee had the duty or the expertise to extend a license. He believed it should have been done through the Board of Examiners. Mr. Reid responded by stating that the Board of Medical Examiners has no authority to grant the license without a statutory mandate.

Senator Pipinich also added his concern about the committee making such a decision.

Senator Norman asked if there was anyone present from the Board of Medical Examiners. Patricia Englund, attorney, advised that she was asked by the Board to be present. She stated that the amendments presented today were brought before the Board of Medical Examiners, but not necessarily in the exact form as they appear today. In answer to Senator Norman's question regarding the position of the Board on issues, she stated that the two amendments referring to the definition and the presence of the PA on the Board of Medical Examiners for limited purposes were specifically addressed, and also the deletion of the part requiring one of the Board to be a supervising physician. The consensus arrived at by the Board was that the form presented to the Committee was acceptable.

Senator Norman requested Patricia Englund to have the Board of Medical Examiners compose a memo setting forth their position on this bill. After some further discussion, she stated she would make the request.

Closing Comments By Sponsor:

Senator Weeding waived his closing comments in order that more proponents might testify.

HEARING ON SENATE BILL 147

Presentation and Opening Statement by Sponsor: Senator Eleanor L. Vaughn, Senate District #1, stated that the bill was presented at the request of the Department of Commerce. This is a bill for an act to generally revise the laws regulating the practice of Chiropractic. It will allow the chiropractic authorities to better regulate their rules as to befit their operation.

List of Testifying Proponents and What Group they Represent:

Dr. Roger Combs, Board of Chiropractors
Dr. Arvin Wilson, Board of Chiropractors
Lou Sage, D.O., Victor, Montana
Bonnie Tippy, Montana Chiropractic Association

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Dr. Roger Combs stated that he is in private practice in Libby, Montana. He advised there are a number of reasons for the revisions proposed in SB 147. They would like to clarify the term "physician", which term chiropractors are allowed to use. They would like to add rule-making authority to collect fines and establish fees with the Board. They would like a student to be allowed to take the examination for licensure within thirty days of graduation from approved chiropractic colleges. The Board gives the examination twice a year which causes many to seek work in other states in order to make a living and begin paying back student loans. Most states give an exam more than two times a year, but due to limited budget the Chiropractor Board gives it two times a year. This proposal will allow the applicant to take the examination, but his scores will not be released until a copy of his diploma has been received by the Board office. Section 4 would allow the Board to issue a fine in a disciplinary matter, and would allow the Board to recover cost of any proceedings in the disciplinary matter. He asked for support for SB 147.

Dr. Arvin Wilson, Whitefish, Montana, stated he is a current

ROLL CALL

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989 Date Jan. 25 1989

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pipinich	X		

Each day attach to minutes.

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 1/25/89
BILL NO. SB 26

Amendments to Senate Bill No. 26
Introduced Reading Copy

For the Committee on Senate Public Health

Prepared by Doug Sternberg
January 25, 1989

1. Page 2, line 7.
Following: "means the"
Strike: "opportunity or ability of a licensed physician to provide or exercise"
Insert: "exercise of"

2. Page 2, line 10.
Following: "assistant-certified"
Insert: "by a licensed physician"

Exhibits
SB 26

~~SB0026.06~~
SB002606.AH

SENATE HEALTH & WELF
EXHIBIT NO. 2
DATE 1/25/89
BILL NO. SB 26

Amendments to Senate Bill No. 26
Introduced Reading Copy

For the Senate Committee on Public Health

Prepared by Doug Sternberg
January 20, 1989

A. Page 7, line 13.
Following: "assistants-certified"
Strike: "A health service corporation"
Insert: "An insurer, health service corporation, or any employee health and welfare fund that provides accident or health insurance benefits to residents of this state"

B. Page 27, line 5.
Following: "chapter"
Strike: "30"
Insert: "22"
Following: "part"
Strike: "10"
Insert: "1"

C. Page 27, line 6.
Following: "chapter"
Strike: "30"
Insert: "22"
Following: "part"
Strike: "10"
Insert: "1"

SB002605.ADS

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 1/25/89
BILL NO. SB 26

Amendments to Senate Bill No. 26
Introduced Reading Copy

For the Committee on Senate Public Health

Prepared by Doug Sternberg
January 24, 1989

1. Page 9, lines 5 through 7.
Strike: subsection (5) in its entirety
Renumber: subsequent subsections

Letters of Endorsement for PA Law Reform (SB26)

Letters supporting MAPA's efforts to effect PA law reform have been received from a variety of groups and individuals including physicians, nurses, administrators, pharmacists, and others. This is a list of the individuals and organizations that have expressed their support as reflected in the enclosed letters.

SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 1/25/89
BILL NO. SB 26

Physicians

John Patterson M.D., Montana Academy of Family Physicians (2)
John Patterson M.D., Medical Associates P.C., Bozeman
F. G. Scriver M.D., Billings
Steven Hufman M.D., Montana Academy of Family Physicians
Randale Sechrest M.D., Kootenai Orthopedics, Libby
Clyde Knecht M.D., General Surgery, Libby
Thomas Wendel M.D., Deer Lodge Clinic P.C., Deer Lodge
Gregory, Rice M.D., Libby Clinic, Libby
Randy Lovell D.O., Thompson Falls
Stephen Hufman M.D., Libby
Michael J. Shute M.D., Missoula Orthopedic and Sports Injury Clinic, Missoula
Stephen G. Powell M.D., Missoula Orthopedic Clinic, Missoula
William S. Shaw M.D., Work Care Billings Clinic, Billings
P. F. Henke M.D., Obstetrics and Gynecology, Libby
Kent Hoerauf M.D., Community Clinic, Baker
John J. Malloy M.D., Heights Family Practice Clinic, Billings
Glenne Gunther M.D., Libby Clinic, Libby
Frederick Scriver M.D., Huntley Project Family Medical Center, Worden
Eric M. Ridgway M.D., Deer Lodge
William A. Vessie M.D., Deer Lodge, Deer Lodge
James H. Armstrong M.D., Kalispell
John Patterson M.D., MAFP

Nurses

Barb Magone R.N., St. John's Lutheran Hospital, Libby
Thomas Goyette R.N., St. John's Lutheran Hospital, Libby
Susan Horelick R.N. MSN, St. John's Lutheran Hospital, Libby
Donna Noller R.N., St. John's Lutheran Hospital, Libby
Gina Edgar R.N., St. John's Lutheran Hospital, Libby
Penny Watkins C.C.R.N., St. John's Lutheran Hospital, Libby
Sheila Clark R.N., St. John's Lutheran Hospital, Libby
Marlys Mongan R.N., St. John's Lutheran Hospital, Libby
Connie Boyd R.N., St. John's Lutheran Hospital, Libby
Luann Hirschkorn R.N., St. John's Lutheran Hospital, Libby
Marilyn Kanta R.N., Nursing Home Director, Rosebud Health Care Center, Forsyth
D. Gregory R.N., Director Nrsg Svcs, Rosebud Health Care Center, Hospital, Forsyth

Darlene Sharpe R.N., Nursing Home, Rosebud Health Care Center, Forsyth
Doris Keippelid R.N., McCone County Hospital, Circle
Sandra Quick R.N., McCone County Hospital, Circle
June Nelson R.N., McCone County Hospital, Circle
Daleen Johnson-Heitz R.N., McCone County Hospital, Circle
Karen R. Casterline R.N., McCone County Hospital, Circle
Sue Good-Brown R.N., McCone County Hospital, Circle
Jeannette Jensen R.N., McCone County Hospital, Circle
Deanna Logar R.N., Community Clinic, Baker
Mary Graham R.N., Community Clinic, Baker
Helen Jensen R.N., Community Clinic, Baker
Sandra Rueb R.N., McCone County Nursing Home, Circle
Gladys Wittman R.N., Huntley-Project Family Medical Center, Worden
Mary Eggum L.P.N., Huntley-Project Family Medical Center, Worden
Maxine Seckles R.N., Garfield County Health Center Inc., Jordan
Rita Amundson R.N., Garfield County Health Center Inc., Jordan
Janice Brown R.N., Garfield County Health Center Inc., Jordan
Lilly JohnstonR.N., Garfield County Health Center Inc., Jordan
Elsie Helm L.P.N., Garfield County Health Center Inc., Jordan
Freda Hensleigh L.P.N., Garfield County Health Center Inc., Jordan
Janet Clark R.N., Garfield County Health Center Inc., Jordan
Darlene Shawne L.P.N., Garfield County Health Center Inc., Jordan
Kathy Wankel R.N., Garfield County Health Center Inc., Jordan
Tammy Smith L.P.N., Montana State Prison, Deer Lodge
Kerry Williams L.P.N., Montana State Prison, Deer Lodge
Beverly Beck R.N. BS, Montana State Prison, Deer Lodge
Peg Rosenleaf Bartlett R.N., Montana State Prison, Deer Lodge
Ronald D. Floyd L.P.N., Montana State Prison, Deer Lodge
Lauraine Barrington L.P.N., Montana State Prison, Deer Lodge
Teri Hamel L.P.N., Montana State Prison, Deer Lodge
Carla Bielly R.N., Montana State Prison, Deer Lodge

Administrators

Joyce Assay, Administrator, Rosebud Health Care Center, Forsyth
James Paquette, President, Saint Vincent Hospital and Health Center, Billings
Rick Palagi, Director Physician Services, Saint Vincent Hospital, Billings
Melanie Reynolds, Executive Director, Planned Parenthood of Missoula, Missoula
Jinger Redd, Administrator, Kootenai Orthopedics, Libby
Nancy A. Berry, Administrator, McCone County Hospital, Circle
David A. Watson, Physician Liason, Deaconess Medical Center, Billings
Joe Killham, President, McCone County Hospital Association, Circle
Kevin Ken Davis, Mayor, Town of West Yellowstone

Pharmacists

Robert H. Likewise, Montana State Pharmaceutical Association, Helena
Dale F. Miller R.Ph., Billings

Theodor P. Walters R.Ph., Billings
Scott Nafts R.Ph., Billings
Walter B. Fellows R.Ph., Billings
Charles Balzarini R.Ph., Billings
Howard W. George R.Ph., Billings

Others

Senator Pat Williams, U.S. Senate, Washington, D.C.
Kenneth A. Coulter, Board of County Commissioners, Garfield County
Joe McDowell, Vice President, Powder River Farm Bureau, Broadus
Diane Foster R.L.T., Heights Family Practice Clinic, Billings
Wilma Hoff, C.R.T., Heights Family Practice Clinic, Billings
Elmo Dreyer, Circle

(5)

Paul Wheeler PA-C
808 Milwaukee
Deer Lodge, MT 59722
846-2861

SENATE HEALTH & WELFARE
EXHIBIT NO. 5
DATE 1/25/89
BILL NO. SB 26

January, 1989
Proponent SB26

Mr. Chairman and members of the committee,

I am Paul Wheeler, a physician assistant practicing in Deer Lodge at the Montana State Prison. As president, I am representing the Montana Academy of Physician Assistants in asking you to give SB26 a favorable report.

We are pleased, with Senator Weeding's gracious assistance, to be able to bring to you SB26. Continuing a grass roots effort to reform PA laws, MAPA developed SB26 to expand and better define the roles of PAs statewide. By allowing PAs to practice to their full capacity in Montana, as they do in other rural states, with physician supervision, PAs will be able to offer Montana health care consumers, especially in the rural, medically underserved majority of the state, a workable solution to the current health care provider shortage. Montana has only 26 practicing PAs, as compared to South Dakota's 150 and Washington's 600. This disparity is not because Montana's need for mid-level providers is any less, it is only because our laws are sub-standard and outdated.

I have presented to the committee secretary, a extensive list of physicians, nurses, pharmacists, administrators, and others who support this bill and copies of the letters that express their support.

MAPA has received inquiries from over 12 communities who are considering securing a PA. Many of them have no physician or are facing the possibility of losing their current physician if someone is not found to help share the load. I doubt if PAs

will come to Montana and address these needs if the reform measures proposed in SB26 are rejected.

Unless SB26 is passed, a viable solution to Montana's rural health care provider crisis may never be realized. I have not seen another bill that offers Montanans a more viable option.

Please give SB26 a do pass.

Thank you.

(6)

James R. Reid, PA-C
Box 1254
Libby, Montana
406-293-4349

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 1/25/89
BILL NO. SB26

January, 1989
Proponent for SB26

Mr. Chairman and members of the committee,

I am Jim Reid, a physician assistant practicing in Libby. I would like to highlight a few important points about SB26. Most importantly, this bill does not propose anything new or different from what is currently being done in other nearby rural states.

Prescribing by PAs is currently prohibited in Montana. Twenty-one other states however grant prescribing/dispensing authority to PAs. Prescriptive authority is absolutely necessary if PAs are going to staff satellite clinics or medical assistance facilities without placing themselves, their supervising physicians, and their local pharmacists in jeopardy.

To avoid competition with pharmacists, and at their request, SB26 imposes the same limitations on dispensing by PAs as are placed on physicians.

The licensing of PAs is not a step toward independent practice. PAs will always remain dependent upon supervising physicians. It will however address organized nursing concerns about taking orders from non-licensed providers, and it will allow a mechanism for locum tenens coverage by PAs that does not currently exist.

The standard list of duties and responsibilities SB26 directs the board of medical examiners to develop, will better define a uniform scope of practice for all PAs.

The language on billing does not authorize PAs to bill independently, but does provide a mechanism to secure reimbursement for PA services that will help assure the fiscal survivability of rural clinics and MAFs staffed by PAs.

In regard to the section which amends the nurse practice act, I offer the following. In 19 other states nursing associations have similarily questioned the authority of PAs to initiate patient treatment and medication orders. In 17 of those 19 states the attorney general, upon request of an opinion, ruled that because PAs act as an agent of the supervising physician, who ultimately accepts responsibility for the PA's actions, nurses should carry out PA orders as if they came from the supervising physician. In the two states where an unfavorable ruling was initially made, the statuatory language cited by the AG as obstructive, was subsequently amended. In addition to the opinions cited above, regulatory agencies in three states have issued specific rulings which affirm the authority of PAs to write orders.

I urge you to give SB26 your utmost consideration, and a do pass.

Thank you.

(7)

COMMUNITY CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

SENATE HEALTH & WELFARE
EXHIBIT NO. 7
DATE 1/25/89
BILL NO. SB 26

January 25, 1989

RE: SB26 Proponent

Mr. Chairman and Members of the Committee,

My name is Darryl Espeland, D.O. I am currently a general practice physician at the Community Clinic in Baker, Montana and am in support of SB26. Numerous changes are occuring in medicine, particularly rural medicine. Although there is a supposed and predicted physician surplus, these personnel are not going to the rural community, nor are many of these rural communities able to financially support a physician. At the present time I work with two physician's assistants (PAs), one that practices with myself in Baker, and one in Ekalaka, Montana. Together, we provide medical treatment for two counties with a combined area of approximately 5,000 square miles and between 5,000 to 6,000 in population. If you include Garfield and Powder River counties, each with one PA, that represents three counties in southeast Montana with PA coverage only. The only option for people in the above mentioned communities is an 80+ mile drive for medical services. All the above mentioned communities have tried to recruit physicians but were unsuccessful. As the situation has been noted up to this point, really only two options exists; either having a PA in place to supply medical care to these communities or, no

other advance medical care whatsoever. I believe a lot of friction as concerns PA policy in legislation has come from physicians in the larger communities who feel that they represent competition. I would invite you to talk with people and physicians in RURAL communities as to what their feelings are and I doubt that you would find any friction. This also appears to be true amongst rural nurses. The fact is that were are greatful to have PAs available.

PAs in rural communities, especially in a "solo practice" in a rural community, presents a special problem as concerns presription medications. At present they may prescibe a unit dose or one day's dose worth of medication, however, none beyond that, which obviously is not very practical; nor is having the precepting physician prescribe all medications. I believe limited prescriptive rights are not only more practical but really are necessary for PAs. I believe that PA training is such that this could be done without difficulty. There certainly are enough other states at the present time with limited prescriptive rights to let us know that they (PAs), do in fact know what they are doing. From my own experience, having worked with two seperate PAs, I have never seen any inappropiate use of medications. If there has been question as to what to use or when, these questions are invariably expressed to me.

The present system of utilizing PAs involves a preceptor physician which I strongly feel is necessary. PAs have limitations, just as I, as a general practioner, have,

and we must realize our limitations. The two PAs I work with and I are not in competion, and in fact we function as a health care team. I am able to be aware of how the health care needs are being administered in both counties and insure the continued quality of care by being a preceptor. I review and sign all charts for both PAs and there is direct interaction as concerns any special issues or special treatments we may consider. I feel that I funtion not as a superior, but rather as a supervisor and coordinator. I consider my PA's colleagues, rather than inferiors.

Since PAs are in fact professionals, I believe they should undergo peer review and have representation on the State Board of Medical Examiners, especially as concerns PA issues. I do not believe a seperate "PA body" would be practical or productive. The fact of the matter is, that PAs are able to perform many duties that we as physicians also perform and I believe as a result, should be represented and governed by the same body as represents and governs phsyicians.

I do not believe that I can strongly enough express the concerns I have for rural medicine in Montana. The fact is we are going to find relatively few physicians who are willing to go to a small rural community and practice medicine. This is and has in many circumstances created serious problems as concerns health care in rural communities. I believe PAs have proven to be valuable and

productive in this type of setting. I also believe I can not stronly enough stress that rather than dealing with the situation where a PA is an "independent practioner", the situation requires interaction and supervison by a licensed physician. I believe the productivity and effectiveness of PAs is severely limited with the limited prescriptive rights available at the present time, and I also believe that PAs have adequate training and experience to, infact, be able to prescribe most medications in a responsible and appropiate manner. Lastly, I also believe "proper regulation and governing of PAs, representation by PAs on the board of Medical Examiners, especially for PA issues is necessary."

Sincerely yours,

Darryl Espeland, D.O.

DE/srn

W. Crichton, M.D.
. Maher, M.D.
ephone:
406-442-3570

8

HELENA FAMILY PHYSICIANS

820 North Montana • Helena, MT 59601

Legislative Hearing for Senate Bill No. 26

An Act For Providing Licensure For Physicians Assistants Etc.

SE... WELFARE
EXHIBIT NO. #8
DATE 1/29/89
BILL NO SB 26

Gentlemen:

I am here to speak in favor of legislation that would enhance the ability of physicians' assistants to contribute to the delivery of health care in Montana. I am speaking on behalf of the Montana Academy of Family Physicians.

It is the belief of the Montana Academy of Family Physicians that licensure would enhance the ability of physicians' assistants to carry on their work within the State of Montana. Once their status is established through a licensure, it would be easier for them to change locations or to change the relationship with the physician or physicians with whom they work.

The Montana Academy of Family Physicians believes that the prescription of certain drugs for certain indications is well within the ability of physicians assistants. It would greatly enhance their ability to deliver health care if they were able to prescribe under certain circumstances. It is our position that the present system, though somewhat complex, of having the Board of Medical Examiners specifically review each physician's assistant and physician who are going to be working together, is a good one. Specifically, we would like to see a law which allows the Board of Medical Examiners to evaluate a protocol which could be submitted by each such team as to its appropriateness rather than to write a blanket law allowing physicians assistants to prescribe.

Respectfully Submitted,

James W. Crichton, M.D.
President Elect, Montana Academy of Family Physicians

JWC/mt

SENATE HEALTH & WELFARE
EXHIBIT NO. 9
DATE 1/25/89
BILL NO. SB 26

SENATE BILL NUMBER 26
PHYSICIAN ASSISTANTS LEGISLATION

January 25, 1989

My name is Frank Newman. My home of residence is in Bozeman, Montana. I am Director of the Montana Area Health Education Center (Montana AHEC). I should like to testify for Senate Bill Number 26 as a private citizen having knowledge of health care delivery systems in Montana and issues of rural health facing Montana and the nation. The Board of Directors of the Montana AHEC has not been asked to endorse Senate Bill 26 and I am, therefore, not acting as an agent of the board during this testimony.

My recommendation is that the committee approve the reform measures in Senate Bill 26 which will allow Physician Assistants to provide more effective care to rural and underserved citizens of Montana and allow Physicians and Physician Assistants more flexibility in delivering medical care in a cost-effective manner.

Montana has a shortage of primary care physicians (Family Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology). The Montana AHEC listings of "Montana Communities Seeking Physicians" currently contains 49 openings for physicians. We believe that even this figure is not indicative of the true number of communities, hospitals and clinics recruiting physicians. A review of this list shows that thirty-six of the openings are in rural communities. Our definition of rural is those communities with populations of less than 15,000. Forty-four of the forty-nine listings are for family physicians.

The shortage of family physicians is a national phenomenon. The shortage has a greater impact on the rural communities for a number of reasons including: (1) larger cities and medical centers are recruiting the family physician, (2) physician income in larger cities and in medical centers is a least equal to that which can be achieved in rural communities, (3) physicians in larger cities have greater access to referral services and to continuing medical education and (4) physicians in larger cities can spend fewer hours in practice and have more time for other activities. While all of these reasons may not be laudable, we must understand the realism of supply and demand and the changing patterns of health care delivery. Eighty percent of Montana physicians practice in the seven larger cities (Billings, Great Falls, Missoula, Helena, Butte, Bozeman, Kalispell). While this does not mean that the physicians practicing in these cities do not serve rural citizens, it does suggest that the accessibility of the rural citizen to medical care is far less than that of the urban resident and that the cost is greater due to travel distances to medical centers and large hopitals for secondary and tertiary care.

The Physician Assistant is a mid-level practitioner with the education, background and experience to help relieve the shortage of physicians, particularly family physicians, in rural communities of Montana. The quality of education received by the Physician Assistant is recognized by the fact that the American Medical Association accredits the Physician Assistant educational

programs throughout the United States. Maintenance of quality in practice is assured by at least three factors: (1) to become certified the Physician Assistant must pass a competency examination and be reexamined every six years, (2) the Physician Assistant must complete 100 hours of continuing medical education every two years, and (3) the Physician Assistant must practice under a licensed physician.

There are at least two legislative measures which recognize the value of the Physician Assistant in the health care delivery system: (1) the Montana Medical Assistance Facility Act of 1987 and (2) Public Law 95-210 passed by the national congress in 1977. Very briefly, Public Law 95-210 provided financial support for medical facilities using "physician extenders" to provide primary health care services in rural and medically underserved areas. This law authorized Medicare and Medicaid payments to qualified rural health clinics for covered services furnished by, or under the direction of, physician assistants and nurse practitioners, even though the clinic might not be under the full-time direction of a physician. In fact, this law requires the employment of these mid-level practitioners. To the best of my knowledge, there are no clinics in Montana operating under the provisions of Public Law 95-210.

In summary, the Physician Assistant, practicing under the supervision of a physician, provides a cost effective means of delivering quality health care to the citizens of Montana and particularly those living in rural and underserved communities.

I should like to express my thanks to members of the committee for the opportunity to present my views on Physician Assistant utilization in Montana.

Frank S. Newman, Ph.D.
515 South Eighth Avenue
Bozeman, Montana 59715

PHYSICIAN ASSISTANTS: PARTNERS IN HEALTH CARE

PHYSICIAN ASSISTANTS:

Physician assistants (PA's) are skilled members of the health care team who, working dependently under the supervision of licensed physicians, provide a broad range of medical services in almost all health care settings.

The PA profession began in 1965 at Duke University where the first PA training program consisted of four former military corpsmen. Today, some 19,000 PA's practice in the U.S., almost 12,000 of whom are members of the American Academy of Physician Assistants, the national organization representing PA's.

ROLE OF THE PHYSICIAN ASSISTANT:

The physician assistant provides diagnostic and therapeutic health care so the physicians can spend more time on complex patient problems. Working under physician supervision, PA's take patient histories, perform physical examinations, and order laboratory tests. Once medical problems are diagnosed, PA's develop treatment plans and explain them to patients. They recommend medications and drug therapies and, in a growing number of states, have the authority to write prescriptions.

PA's provide a wide range of primary care, as well as care in specialty areas. Those PA's trained in programs that emphasize surgery and surgical care are known as Surgeon's Assistants (SA's).

PRACTICE SETTINGS:

Physician assistants work in a variety of settings, including private practice, hospitals, health maintenance organizations, nursing homes, occupation medicine, student health services, and urban and rural clinics.

The U.S. Government, which has helped fund PA educational programs since 1971, employs PA's in the military, Veterans Administration, Bureau of Prisons, Public Health Service, and other agencies.

EDUCATION:

Physician assistants are taught at education programs located primarily in university schools of medicine and allied health. There are 51 accredited PA programs nationwide, most of which require 24 moths to complete, although some are as short as 14 months or as long as 48 months. Many programs require applicants to have completed two years of college prior to admission and to have previous health care experience.

The education of PA students is similar to that of medical students: A 9 to 12 month didactic phase is followed by 12 to 15 months of supervised clinical experiences (also called rotations). An academic degree and/or certificate is awarded upon graduation, depending on the institution and the educational background of the student. Physician assistant programs are accredited on behalf of the American Medical Association by the Committee on Allied Health Education and Accreditation, which is recognized by the federal government as the national accrediting agency for allied health programs. Accreditation is based on quality standards deemed essential for PA education.

CREDENTIALS:

PA's are certified by the National Commission on Certification of Physician Assistants after passing an examination developed by the National Board of Medical Examiners. PA's maintain this certification by earning 100 hours of continuing medical education every two years. Recertification is required every six years.

IMPACT ON HEALTH CARE DELIVERY:

PA's, working with physicians, promote better distribution of health care services and can improve access to care in rural and underserved communities, as well as among the elderly. They also increase efficiency within ambulatory care practices, reduce patient waiting time, and allow physicians more time for difficult cases.

PA's improve patient rapport, compliance and satisfaction through increased counseling and education, and can reduce the frequency and duration of costly hospitalization by stressing preventive health care. The use of PA's also prevents higher costs for health care through increased practice productivity.

For more information on PA's or PA programs, call or write:

The American Academy of Physician Assistants
1117 N. 19th St.
Arlington, VA 22209
(703) 525-4200
or

Paul E. Wheeler, PA-C
President, Montana Association of PA's (MAPA)
808 Milwaukee Ave.
Deer Lodge, MT 59722
(406) 846-1320/2861

MEDEX NORTHWEST

PHYSICIAN ASSISTANT TRAINING

MEDEX Northwest, the University of Washington's Physician Assistant Training Program, recently graduated its 20th class of physician assistants. The program admits 24 experienced health care professionals each September for a twenty-one month training program. The first nine months of classroom training take place on the University of Washington's campus. The twelve month clinical portion of the program is divided into a six month primary care preceptorship, and six months of clinical rotations in areas such as surgery, inpatient internal medicine, geriatrics, emergency medicine, pediatrics, and occupational medicine.

Throughout its twenty year history, the MEDEX program has emphasized the training of practitioners for rural areas. A key strategy is to recruit students from among the working health care professionals in rural areas. These individuals may be able to return home for portions of their training. The program has been successful in assisting these health care providers to develop new roles in rural areas upon completion of training. Appropriate individuals for physician assistant training at MEDEX Northwest includes paramedics, nurses, x-ray, surgical and respiratory technicians, and other health care personnel who have significant primary care experience. This experience, combined with the equivalent of two years of undergraduate courses, are pre-requisites for entry into the program. For information about admission into the program, **contact Jennifer Johnston, Admissions Coordinator, MEDEX Northwest, 3731 University Way NE, #301, Seattle, WA 98105, (206) 543-6483.**

The MEDEX Program faculty is also available to provide consultation to individuals or institutions who are considering the employment of physician assistants. Physician assistants work under the supervision of a precepting physician and are regulated by the Board of Medical Examiners. One significant new development is MEDICARE reimbursement for some physician assistant services to practices employing physician assistants. For information on job development, regulatory or reimbursement issues, contact either the **Montana Academy of Physician Assistants, Paul Wheeler, President, 808 Milwaukee, Deer Lodge, MT 59722 or Ruth Ballweg, PA-C, Program Director, MEDEX Northwest, (206)-543-6483.**

MEDEX Northwest is also in the process of developing some self-study continuing education materials which may be utilized by physician assistants and nurse practitioners in rural areas. The Montana AHEC Bulletin will carry further information about these courses.

Ruth Ballweg
MEDEX Northwest

RURAL HEALTH CLINIC ACT

In December 1977, Congress passed the Rural Health Clinic Services Act (Public Law 95-210). The purpose of this legislation was to provide financial support for facilities using physician extenders to provide primary health care services in rural, medically underserved areas. This law authorized Medicare and Medicaid payments to qualified rural health clinics for covered servies furnished by or under the direction of nurse practitioners and physician assistants, even thoush the clinic may not be under the full-time direction of a physician.

The law is summarized as follows:

Qualifications for Designation as a Rural Health Clinic

The facility may be either provider-based (hospital, skilled facility, or home health agency), or it can be an independent unit housed in a mobile or permanent structure. It can be either privately owned or publically owned, and operated either on a profit or not-for-profit basis. In order to qualify as a Rural Health Clinic under Medicare and Medicaid the facility must be under the general direction of a physician and

- be located in a rural area
- be operating in an area designated by the Department of Health, Education, and Welfare as having a shortage of personal health services or a shortage of primary medical care manpower
- be engaged essentially in providing outpatient primary medical care,
- employ at least one qualified physician assistant or nurse practitioner who meets certain education, training, and experience requirements and who is legally permitted by the state to perform the professional services for which Medicare or Medicaid reimbursement can be made
- comply with all applicable Federal, State, and Local requirements
- meet health and safety requirements prescribed by Medicare and Medicaid regulations.

Federal Health and Safety Standards for Rural Health Clinics

To be certified a Rural Health Clinic must

- receive its medical direction from a physician who periodically reviews the services furnished by a physician assistant or nurse practitioner, provides general medical supervision and guidance, is available to prepare necessary medical orders and gives advice and assistant in medical emergencies,
- have the physician present in the clinic at lease once in every two week periodmeet the State law with regard to physician supervisory requirements
- have a nurse practitioner or physician assistant available for patient care services in the clinic at least sixty percent of the time the clinic is open,
- provide routine diagnostic services including clinical laboratory services
- maintain health records on all patients
- have written policies governing the services which the clinic provides
- have available appropriate drugs and bologicals needed for medical emergencies and appropriate procedures for storing, administering, and dispensing such drugs and biologicals
- have arrangements with providers and suppliers participating in the Medicare or Medicaid program to surnish such medically necessary services as inpatient hospital care, physician services, and additional or specialized laboratoryservices not available at the clinic.

Required Rural Health Clinic Services

To receive Medicare and Medicaid reimbursement, Rural Health Clinics must provide

- physician and physician supervisory services for nurse practitioners and physician assistants
- services and supplies furnished as an incident to the professional services of the physician
- services of physician assistants, nurse practitioners, nurse midwives, and specialized nurse practitioners,
- services and supplies furnished as an incident to a nurse practitioner's or physician assistant's services and
- visiting nurse services on a part-time or intermittent basis to home-bound patients.

Reimbursement of Rural Health Clinics for Medicare and Medicaid

Medicare and Medicaid will pay provider-based clinics according to the established cost-reimbursement principles used for reimbursing covered services furnished by participating providers.

Medicare and Medicaid will pay independent rural health clinics interim payments for covered services based on an all-inclusive rate-per-visit computed by Medicare, with end-of-year adjustments to reflect actual costs.

Medicare reimburses a clinic for 80 percent of the approved all-inclusive rate-per-visit for rural health clinic services.

Medicaid reimburses a clinic 100 percent of the Medicare-approved all-inclusive rate-per-visit for rural health clinic services furnished to Medicaid patients.

Certification as a Rural Health Clinic

To become certified as a Rural Health Clinic an application must be made on a form entitled "Request to Establish Eligibility" which is available from the state certifying agency. The state certifying agency will make a determination about whether the clinic meets location requirements (i.e., is the

clinic in a rural area which is medically underserved). The state certifying agency will then schedule a site visit to determine if the clinic meets the conditions of certification. If all requirements for certification have been fufilled, the state certifying agency forwards a recommendation for certification to the Secretary of HEW.

The Montana AHEC can provide additional information about the Rural Health Clinic Act (Public Law 95-210) to interested parties.

(10)

Vicki Williams B.S.R.N.
Prosser Memorial Hospital
Prosser, Washington
509-588-5553

SENATE HEALTH & WELFARE
EXHIBIT NO. 10
DATE 1/25/89
BILL NO. SB 26

January, 1989
Proponent for SB26

Mr. Chairman and members of the committee,

I am a registered nurse in the state of Washington, with a bachelor's of science degree in nursing and four and a half years of nursing experience. I am currently the Director of Nursing Services at Prosser Memorial Hospital, a 49 bed acute care facility with an adjoining 26 bed nursing home, located in a rural and medically underserved area of southeastern Washington. I am speaking in support of SB26.

The Montana Academy of Physician Assistants has asked me to describe to you the cooperative working relationship that exists between nurses and physician assistants in Washington. Since 1980, when the Washington state supreme court upheld a previous 1978 attorney general's opinion, nurses have been authorized to carry out patient medication and treatment orders from physician assistants. The basis for the positive ruling on the part of the attorney general and the supreme court was the premise that PAs act as agents of their supervising physicians and as such their orders should be accepted as if they came from the supervising physician.

In the eight years since that decision, Washington nurses have been executing PA orders. The concerns of the state nurse's association expressed at the height of the conflict in Washington have, in my experience, been proven unwarranted and without substance.

I personally work with two PAs who write medication and treatment orders for both inpatients and outpatients at our facility. I, the nurses, and administration at my

facility have seen no problems with this arrangement. We find PAs to be knowledgeable, conscientious, and competent medical providers. We consider it a pleasure to work with them and have no reservations about the quality, safety, or appropriateness of the orders they write. In the state of Washington, execution of PA orders by nurses does not lead to any increased liability risk, but instead in my opinion, leads to increased quality of care by the entire nurse, PA, physician health care team.

I urge you to consider the experience of Washington state in deliberating on SB26 and in particular on Section 21 of this bill which amends the nurse practice act to allow Montana nurses to carry out patient medication and treatment orders from physician assistants.

I urge you to report this bill out of committee with a do pass recommendation.

Thank you.

(19)

Helen Viker R.N.
Powder River Manor
P.O. Box 70
Broadus, MT 59317
406-436-2646

SENATE HEALTH & WELFARE
EXHIBIT NO. 11
DATE 1/25/89
BILL NO. SB26

January, 1989
Proponent for SB26

Mr. Chairman and members of the committee,

My name is Helen Viker. I am a registered nurse and the Director of Nursing Services at Powder River Manor nursing home in Broadus. I have been in nursing for nineteen years and have been in Broadus for the past eleven years. I am speaking in favor of SB26.

I am well aware of the health care provider shortage in Montana and the potential that exists for physician assistants to help ease this pressing problem. In defense of SB26, I would like to share with you my feelings and the feelings of those nurses with whom I work, on the conflict between organized nursing and physician assistants.

Despite the current Board of Medical Examiners regulation that suggests otherwise, the Montana Nurses' Association and the State Board of Nursing maintain that nurses cannot accept or execute patient treatment and medication orders from physician assistants. SB26 will change the Montana nurse practice act to allow this.

The MNA and Board of Nursing do not represent all nurses when they oppose SB26. I, my co-workers in Broadus, and other nurses in Montana who have worked with PAs, who understand their scope of practice, and who recognize the competency of PAs to give quality medical care, encourage you to support this bill. It will remove the impending threat to our licenses that the board of nursing has

expressed in the past and would express again. This threat and the attitude it reflects is in our opinion, an obstruction to the delivery of medical care in rural Montana. An obstruction based on unfamiliarity with the PA profession and concerns that are ultimately unjustified.

We asked MAPA to draft legislative language that would change the nurse practice act. We now ask you to give this bill a favorable report. I offer my testimony and the signatures of over 40 other nurses on the letters that have been submitted to you as evidence that SB26 is not opposed by all nurses.

The nurses in Broadus have been executing orders from our PA, Leroy Biesheuvel, for the last four years. He is the only medical provider in our community. Without Leroy, we would have no nursing home and we would have to travel 80 miles to the nearest medical care. Please do not deny us this opportunity to legitimize what is clearly our only satisfactory option. Please give SB26 a do pass.

Thank you.

(12)

MONTANA
ASSOCIATION OF
COUNTIES

SENATE HEALTH & WELFARE
EXHIBIT NO. 12
DATE 1/25/89
BILL NO. SB26

1802 11th Avenue
Helena, Montana 59601
(406) 442-5209

Chairman Hager and Members,

I am Milton Markuson, Carter County Commissioner. I also represent the Montana Association of Counties and am offering their Resolution 88-1. This resolution was passed unanimously at the Association's Annual Convention in June, 1988. It was given a High Priority Status by MACo.

Mid-level health care is desperately needed in Rural Montana.

MACo supports SB 26 and I urge you to support SB 26.

Thank you

RESOLUTION 88- 1

PHYSICIAN'S ASSISTANT

WHEREAS, the vast majority of the State of Montana is considered rural in nature; and

WHEREAS, experience has demonstrated that most competent medical doctors choose to practice in the less isolated areas and many of our rural sectors are medically under served or face the prospect of becoming so in the near future; and

WHEREAS, numerous physicians and health care entities in our nation have relied for many years on the professional skills of physician's assistants; and

WHEREAS, the improvement of medical services in our sister states of South Dakota, Oregon, Alaska, Idaho, Wyoming and Washington demonstrates the success of upgraded laws and regulations concerning physician's assistants; and

WHEREAS, a positive change in the Montana Laws and regulations, concerning the practice of physician's assistants, would be a productive step toward increased usefulness of physician's assistants as professional medical providers substantially improving medical care for the residents of the State of Montana.

NOW THEREFORE BE IT RESOLVED that the Montana Association of Counties supports legislation during Montana's 1989 Legislative Session designed to restructure and revise Montana Laws and associated statutes and regulations allowing Physician's Assistants to function in a similar manner as they do now in those states previously mentioned.

SPONSORED BY: Districts 1-2-3

PRIORITY: HIGH

APPROVED: ANNUAL CONVENTION

DATE: JUNE 15, 1988

(13)

Susan Cahill, PA-C
6100 Highway 35
Big Fork, MT 59911
755-3752

SENATE HEALTH & WELFARE
EXHIBIT NO. 13
DATE 1/25/89
BILL NO. SB 26

January, 1989
Proponent SB26

Mr. Chairman and members of the committee,

I am Susan Cahill. As a PA, I have practiced with Dr. James Armstrong in Kalispell for 12 years. I am speaking in favor of SB26. For your benefit, I would like to review the education and credentialing requirements for physician assistants.

PAs are educated at programs located primarily in university schools of medicine or allied health. Most of the 51 accredited programs require 24 months to complete, although some are as long as 48. PA programs are accredited by the American Medical Association's Committee on Allied Health Education and Accreditation.

PA students are trained by physicians. In the first year, a physician assistant student completes courses in the basic medical sciences. These are integrated with or followed by a course in clinical medicine. Second year students complete clinical experiences in family practice, internal medicine, obstetrics, gynecology, psychiatry, surgery, and emergency medicine, among others. These clinical rotations occur within a hospital, office, clinic or institutional setting and are supervised by practicing physicians.

Physician assistants are trained to perform physical exams, order and interpret lab and x-ray studies, diagnose illness and disease, and prescribe medications. They are also trained to respond to emergency conditions with life saving measures.

An academic degree and/or certificate is awarded upon graduation. PAs then sit for

the two day national board examination administered by the National Commission on Certification of Physician Assistants. This is an independent agency originally formed as a branch of the National Board of Medical Examiners which administers board exams to physicians.

Re-registration with the NCCPA is required every two years by completion of 100 hours of approved continuing medical education. Re-certification by examination is required every six years.

Having passed the national board exam, PAs are then subject to individual state regulations usually administered by the state board of medical examiners.

I hope this information is helpful in your evaluation of SB26 and approving the changes it proposes.

Thank you.

SENATE HEALTH & WELFARE
EXHIBIT NO. 14
DATE 1/25/89
BILL NO. SB 26

(14)

Mr. Chairman, Members of the Committee

I am Sharon Dieziger and I am representing the Montana Nurses' Association. We are here to speak in opposition to SB 26.

The Montana Nurses' Association has met with the Physician's Assistant group a minimum of four times to try to understand and resolve our concerns and professional differences as patient advocates. The bill before us today is different from any of the drafts that we reviewed previously.

We maintain the same concerns that we had in the beginning and many unanswered questions.

A. The scope of practice of the PA has never been defined anywhere in the law.

B. Our major concern is their attempt to open the Nurse Practice Act to insert themselves as qualified practitioners to write medical orders for patients of which nurses are required to initiate and carry out.

C. Physician's Assistants' education varies from fourteen months to forty-eight months. (This is information they provided.)

D. This legislative body has not been able to reconcile the request that we as nurses have had to increase our educational level to meet the changing demands of health care. With this piece of legislation we, as nurses, would be expected to carry out medical orders from a potential group of people with even less educational preparation than the minimal educational level of the registered nurse.

E. Current monitoring of Physician's Assistants practice is of some concern today and needs to be addressed prior to expansion of the role.

F. Prescriptive and Dispensing Privileges - what does that encompass once you have legislated a new license to another health care provider?

G. The legislation has prompted the Nurse Practitioners to also come forth with a bill for Nurse Practitioner Prescriptive Practice.

H. The PA's tell us they must have this legislation in order to carry out the proposed Medical Assistance Facility Act of the past legislative session.

I. Physician's Assistants and/or Nurse Practitioners are used synonymously in that piece of legislation.

J. Physician's Assistants and Nurse Practitioners, under the Medical Assistance Facility Act, do not even have to contact a physician until twenty-four hours after a patient's admission. A patient can stay in the facility for up to ninety-six hours (four days) and at no time is a physician required to see the patient. After ninety-six hours, they must be transferred to an acute care facility. The average length of stay for a patient in an acute care facility in Montana in 1987, was 5.2 days. This includes patients in for coronary artery bypass, colon resection and major joint replacement. People do not enter hospitals in this day and age, for minor illness. Minor illness is an inappropriate admission and is not reimbursable.

Therefore, what kind of patient population are we looking at? If the illness is severe enough to require a four-day Medical Assistance Facility stay and then they are required to transfer to an acute care facility, we are certainly risking lengthening the overall stay and cost.

In this day of modern transportation and communication systems, is this acceptable for rural Montana?

We recognize the frustration of rural Montana to directly access health care. Is this the best answer we have?

We have asked the Physician's Assistants why they feel they need to expand their current practice. What is it they want to do that they cannot do now? We are not getting an answer to that question. Maybe you, as a committee, can pursue that. To try and plug a hole temporarily in the rural areas with legislation that impacts the entire state does not seem appropriate. Many studies show that Physician's Assistants, as well as other health care providers, migrate to the more metropolitan areas once they are licensed for independent practice.

We urge you to vote NO on SB 26. At the very least, Section 21, which opens the Nurse Practice Act, needs to be stricken. If this legislation is intended to meet the health care needs of rural Montana then we would strongly urge that this practice be limited to rural Montana and the Health Care Facility Act, and not be allowed to proliferate throughout the metropolitan areas.

Addendum

Another option you may want to consider in this very difficult decision, is table this piece of legislation until the Nurse Practice Bill can be reviewed and compared. It appears these two groups should look at some common language in the area of prescriptive practive.

If the emphasis of these two pieces of legislation is to make the Medical Assistance Act functional, then nurse practitioners and physician's assistants will need to be treated equally by this legislative body.

In a quick comparative review, it appears there may be come conflicting language. Both groups may need to be inserted into each other's sections of these revisions in order for either one to be legal.

SENATE HEALTH & WELFARE
EXHIBIT NO. 15
DATE 1/25/89
BILL NO. SB 26

Garfield County Health Center, Inc.
P.O. Box 389, Jordan, Montana 59337

Members of Presentation Health System

PACE Shared Services
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKennan Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

St. Luke's Hospital
Aberdeen, South Dakota

Faulk County Memorial Hospital
Faulkton, South Dakota

Marshall County Memorial Hospital
Britton, South Dakota

St. Joseph Hospital
Polson, Montana

Dickey County Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

January 25, 1989

TESTIMONY: Kenneth A. Coulter before the Senate PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I am Kenneth Coulter of Jordan, Montana. I have just completed 18 years as Commissioner of Garfield County. Presently I am Chairman of the Board of Garfield County Health Center, Inc. This is a non-profit organization that manages the health facility in Jordan.

All of our health services in Jordan are consolidated into a county-owned Hill-Burton funded 20 bed hospital building, constructed in 1952. It is now operating as an 18 bed licensed nursing home, with dental services, the County health nurse offices, and a medical clinic with X-ray and a small lab. The facility serves an area of approximately fifty miles in radius and a population of 1600 people with perhaps 400 households.

In the 18 years I served as County Commissioner it was clear to me that replacing our retired resident medical

Garfield County Health Center, Inc.

P.O. Box 389, Jordan, Montana 59337

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Aberdeen, South Dakota

St. Joseph Hospital
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St. Joseph Hospital
Polson, Montana

Dickey County Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

doctor was the highest priority need of our community. During these 18 years we have recruited, used locum tenum physicians, imposed on neighboring doctors for coverage, participated with R.H.I. and National Health Service Corps. and have brought in about 10 or 12 licensed doctors. We made various guarantees up to $80,000.00 per year. Much of the time we have been without medical services. None of the mentioned efforts or programs have filled our need for a competent medical provider who would live here as a resident and be a participant in our community until we recruited a Physician Assistant in June of 1987.

Jordan, Montana, is 84 miles from Miles City, 116 miles from Glasgow, about the same from Glendive, 130 miles from Lewistown and 175 miles from Billings. The County owns two ambulances, operated by trained emergency medical volunteer drivers. There is a modern lighted and surfaced airport available. An excess amount of transporting of patients has been done over the past years. Requiring

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Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

residents and the ambulances to travel these long distances for medical attention is very unsatisfactory. Many people will not be served with necessary medical care and some will die before they reach these distant medical centers. I believe medical services must be provided in places like Jordan.

Since these communities do not provide the practice incentives, the social aspects or the income levels to attract competent medical doctors, then we must look to other alternatives to retain medical care. To see my friends, neighbors and relatives isolated from medical care that jeopardizes their health and threatens their lives is very disturbing to me.

Jordan now has a resident Physician Assistant. We are again being provided general medical care on a continuous basis. Referrals are made to other medical centers. Many lives have been saved. Supervision is accomplished by Dr. Campidonico of Miles City.

It is becoming increasingly difficult for our County to

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provide the deficit funding necessary to maintain the local health care services. The alternative of losing the nursing home and local medical services is unacceptable Therefore, new ways must be developed to meet our health care needs. I believe Senate Bill 26 is needed to conduct our medical services in the most reasonable, the most economical and the most professional manner while retaining the assurance of quality performance. Your favorable consideration of this proposal will address this need as other states have done to improve the delivery of medical services.

Thank you for your consideration in this matter.

Sincerely,

Kenneth A. Coulter

Kenneth A. Coulter

WITNESS STATEMENT

NAME: KENNETH A. COULTER DATE: 1-25-89

ADDRESS: Box 36, BRUSETT, MONT 59318

PHONE: 406-557-2517

REPRESENTING WHOM? MONT. ASSOC. PHY. ASSISTANTS & GARFIELD COUNTY HEALTH CNTR.

APPEARING ON WHICH PROPOSAL: S.B. 26

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: WRITTEN TESTIMONY SUBMITTED

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

SENATE HEALTH & WELFARE
EXHIBIT NO. 16
DATE 1/25/89
BILL NO. SB 26

Peggy Bartlett R.N.
Montana State Prison
Deer Lodge, MT 59722
846-1320 x2212

January, 1989
Proponent SB26

I am Peggy Bartlett, RN. I have been at the Montana State Prison Deer Lodge, for the last five and a half years. There I have had the opportunity to work with two PAs.

I would like to speak for all the RNs and LPNs at MSP in endorsing this bill, SB26, and the PA law reforms it introduces.

Please give SB26 a do pass.

Thank you.

TESTIMONY REGARDING SB26

SENATE HEALTH & WELFARE
EXHIBIT NO. 17
DATE 1/25/89
BILL NO. SB 26
SB 26

Honorable Chairman, Senators and Others:

My name is Jean Shreffler and I speak in opposition to SB 26. I have worked in nursing administration and nursing education in Montana for the past 10 1/2 years and have worked with Physician's Assistants in a rural area as well as in Missoula.

I believe that Physician's Assistants serve a needed function in assisting physicians to meet health care needs in rural and urban areas, however, provisions of this bill would create unnecessary health care risks for the citizens of Montana.

Licensure laws generally contain some description of scope of practice of the practitioner to be licensed. This bill provides a very broad general description of scope of practice. It also provides that a general utilization plan will be approved by the board of medical examiners and the details of the P.A.'s practice will be "at the discretion of the supervising physician." I trust that most physicians will use good judgement in deciding what the P.A. will do but I also believe that licensure laws are created to protect the public so that the public does not have to depend upon trust. I have had the experience of working with a group of physicians in Montana who regularly delegated tasks to their P.A. that were expressly prohibited in the existing regulations, and that were beyond the P.A.'s training and capabilities. It follows then with SB26 that I am concerned that so much is left to trust and discretion.

With the provisions in SB26, I have concerns for public safety due to increased risk of error and increased risk of liability if the nurse is required to accept orders from the P.A. This places an additional individual in line of communication between the physician and nurse. In an opinion dated February, 1983, the Montana Board of Nursing stated, "It is important that nurses deal directly with the physician, dentist, osteopath or podiatrist authorized by state law to prescribe medications and treatments so that health care delivered to the public is carried out in a safe manner." I know of nothing that has changed since then to make that not true today.

I have concerns for public safety in relation to the provision that would allow for the Physician's Assistant to supervise the Licensed Practical Nurse. Both the P.A. and the L.P.N., by each groups licensure laws would be midlevel practitioners each requiring supervision - in other words, the P.A. being supervised by the physician, supervising the LPN in the delivery of nursing care. I believe that this indirect authority and accountability poses increased risks for the citizens of Montana.

In conclusion, I strongly oppose S.B. 26.

Montana State Pharmaceutical Association

Incorporated
P.O. BOX 4718
HELENA, MONTANA 59604
TELEPHONE 406-449-3843

SENATE HEALTH & WELFARE
EXHIBIT NO. 18
DATE 1/25/89
BILL NO. SB 26

DATE: January 24, 1989

TO: Senate Public Health Committee

FROM: Robert H. Likewise
Executive Director

Re: SB026

Mr Chairman, Members of the committee for the record my name is Robert H. Likewise. I am the executive director for the Montan State Pharmaceutical Association.

I am hear as the spokesman for the pharmacists. We are not here as proponents or opponents of this bill. We are here instead to make this committee aware that prior to this legislative session the pharmacists reviewed the draft proposal of this bill and voiced their concerns with the individuals drafting the legislation. They in turn addressed our concerns in the writing of their legislation in an effort to work with the pharmacists. In summary we can state that our concerns were addressed prior to the final drafting of the bill.

Family Practice

Norman A. Fox, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

John S. Patterson, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Robert J. Flaherty, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Leonard R. Ramsey, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Medical Associates, P.C.
A Professional Corporation
SEVEN EAST BEALL, BOZEMAN, MONTANA 59715
PHONE: 406-587-5123

Pediatrics

Paul H. Visscher, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

Eric Livers, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

James R. Feist, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

September 10, 1988

SENATE HEALTH & WELFARE
EXHIBIT NO. 19
DATE 1/25/89
BILL NO. SB 26

Mr. Paul Wheeler, President
Montana Academy of Physicians' Assistants
808 Milwaukee
Deer Lodge MT 59722

Dear Mr. Wheeler:

Although I am a bit delayed in getting this out to you, I wanted to further elaborate on Dr. Steve Hufman's letter to you of 7/29/88 in support of the M.A.P.A.'s efforts to change legislation relative to physicians' assistants in Montana.

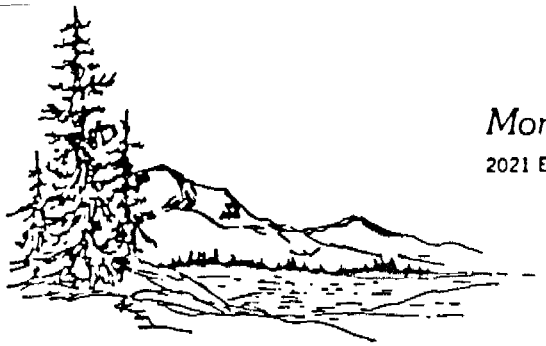
As I hope you are aware, the Montana Academy of Family Physicians is in support of your efforts. Although your initial proposals presented to us at the MAFP meeting at Fairmont in June were at a too nonspecific stage to support, we will be glad to review and consider supporting any piece of legislation you ultimately prepare to present to the legislature.

Please keep in touch through the year relative to your efforts in this regard and how we might help you.

Sincerely,

John S. Patterson, M.D.

JSP/cbr



Montana Academy of Family Physicians
2021 Eleventh Avenue Helena, Montana 59601

December 9, 1988

G. Brian Zins
Executive Director,
Montana Medical Association
2021 Eleventh Avenue
Helena, MT 59601-4890

Dear Mr. Zins:

This letter is in response to your request of 11/29/88 for a summary of the Montana Academy of Family Physician's position relative to the Montana Academy of Physician Assistant's proposed legislation.

This legislation was first introduced to the Montana Academy of Family Practice in its early stages at one of our business meetings at the MAFP Scientific Assembly at Fairmont in June, 1988. At that time the consensus of the Academy was that we supported the Physician Assistants in their efforts toward legislative change. At that point, their proposal lacked specific suggestions for legislative reform. Therefore, only a general letter of support was forwarded to them with the intention of reviewing any specific legislative proposals when available.

The Draft Bill, LC 21 of 10/26/88, was distributed by me to the MAFP board members with comment from the board members then specifically taken into consideration and clarified with Jim Reid, P.A. and Steve Hufman, M.D. (MAFP Vice-President and liaison with M.A.P.A.). I have not seen a more recent draft than that of 10/26/88.

Although we have not been able to spend exhaustive time or resources nor sought legal counsel relative to specifics of the legalities of the proposals, the Board, speaking for the Academy, does support the legislative reforms proposed by the Physician Assistants.

Jim Reid, P.A. very well outlines the reasons for the legislative reforms in his article, "The Rationale for Reform." As family physicians and as physicians most often linked to P.A.s - we are, all too keenly, becoming aware of the health care crisis facing rural Montana. Typical examples of the importance of P.A.s include (a) those communities where a solo family physician must rely heavily on a P.A. for office and call coverage if he is to survive and, (b) certainly an area like West Yellowstone where the community would be without any medical care if it were not for the P.A.

We see the legislative reforms being proposed as a way to allow P.A.s to perform optimally as trained - not as "mini-docs" - rather as true physician extenders under the supervision of and directly responsible to their attending physician. That supervision, following a utilization plan approved by the Board of Medical Examiners, is the critical factor in making this work. Their proposals for prescribing privileges, direct billing, and licensure are apparently an integral part of their being able to function as their supervising physicians would have them. Also, the Physician Assistants understandably do desire a seat on the Board of Medical Examiners for themselves as well as a supervising physician. This stems directly from a desire to be represented as well as and, perhaps more importantly, understood.

Although I can not speak to necessarily all the questions the Legislative Committee the MMA might have regarding education, licensing, etc., the Academy does support their efforts in expanding their role in the state. They are seen as a vital extension of - rather than a threat to - organized medicine. If the Montana Academy of Family Physicians can be of further assistance to the MMA in its consideration of the legislative reform proposals, please let me know.

Sincerely,

John S. Patterson, M.D., President
Montana Academy of Family Physicians

JSP/cbr

cc: MAFP Board Members
Jim Reid, P.A.

Nov 27/1988
Dr.F.G. Scriver
935 Lk. Elmo
Billings MT.
59105

Mr. Paul Wheeler PA-C, President,
Montana Academy of Physician Assistants,
P.O. Box 307
Deer Lodge, MT. 59722.

Dear Mr. Wheeler,

It has come to my attention that your organization is pursuing changes is the current legislation regulating the utilization of of physician assistants in this state.

To the degree that this change would "level the playing field" as compared to other states I am supportive of this change.

I am aware of the limiting nature of Montana laws concerning physician assistaant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision. PAs can provide the kind of quality health care I can support and Montana desperatly needs.

As a physician concerned about the delivery of quality health care in rural Montana, I support your efforts.

Sincerely,

F.G. Scriver M.D.

Montana Academy of Family Physicians
2021 Eleventh Avenue, Suite 12 Helena, Montana 59601

07-29-88

Mr. Paul Wheeler, President
Montana Academy of Physician Assistants
808 Milwaukee
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

As acting liason to your organization, I would like to offer our support in your pursuits to upgrade the Montana laws concerning the utilization of Physician Assistants. MAFP agrees in concept with changes to the current law which would allow better utilization of physician assistants in the state.

The rural nature of Montana is well suited to the health care team approach effected when physicians and physician assistants work together to provide care in small, rural, underserved areas. The fact that in some areas of the state, the need for medical care is reaching crisis proportions clearly defines the need for reform in the current laws. Physician assistants have been shown in the past to be quality health care providers and well suited to rural communities that cannot support or attract physicians. We believe as you do, that if Montana laws can be revised to allow physician assistants (PAs) to function to their full capacity, PAs will provide a viable answer to our rural, medically underserved communities.

In the coming months I will be glad to work with MAPA to assure that the legislative reform package your organization adopts will be one that MAFP can continue to endorse and one that can be successfully presented to the legislature in 1989.

Sincerely,

Stephen L. Huffman, M.D.
Vice-President, MAFP

SH/jr

KOOTENAI ORTHOPAEDICS
Randale C. Sechrest, M.D.
Surgery of the Musculoskeletal System

401 Louisiana Avenue
Libby, Mt. 59923

Telephone
(406)293-8731

November 16, 1988

Mr. Paul Wheeler, PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler;

I am writing in regards to the efforts of your organization to pursue changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

I have been fully educated at to the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the the health care team, working with physician supervision, PAs can provide the kind of quality health care desperately needed in the state of Montana.

As an orthopedic surgeon concerned about the delivery of quality health care in rural Montana, I support your efforts.

Sincerely,

Randale C. Sechrest

RCS/jbr

CLYDE A. KNECHT, M.D.

GENERAL SURGERY

403 UTAH AVE. • LIBBY, MONTANA 59923 • TELEPHONE 293-8321

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for James Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Clyde Knecht MD

cc: MAPA

DEER LODGE CLINIC, P.C.
FRANCIS L. BERTOGLIO, M.D.
ERIC RIDGWAY, M.D.
THOMAS H. WENDEL, M.D.

(406) 846-1722

PROFESSIONAL PLAZA
1101 Maryland Avenue
Deer Lodge, Montana 59722

CLINIC DENTAL OFFICE
GARR T. PHELPS, D.D.S.
D.G. HIESTERMAN, D.D.S.
(406) 846-1818

PHYSICAL THERAPY
J. PATRICK McGILLIS, R.P.T.
(406) 846-1991

November 29, 1988

Board of Medical Examiners
State of Montana
Mitchell Building
Helena, Montana 59601

Dear Ladies and Gentlemen of the Board:

I strongly encourage you to support the proposed legislation of the Montana Academy of Physician Assistants.

These changes, as outlined in their bill, will provide significant expansion of our ability to deliver quality health care, particularly in rural Montana. Having worked with Physician Assistants in other states under state rules very similar to the MAPA's proposed legislation, I have had first-hand experience in seeing efficient, high quality care delivered with Physician Assistants.

Presently, I supervise two Physician Assistants and expect in the years to come to use more as the ability to attract M.D.'s to rural areas becomes more difficult.

Please take the time to review their proposed legislation, as I have. It is a sound piece of legislation which will greatly expand our abilities to provide efficient quality health care to the citizens of Montana, particularly in those rural areas and other situations where it has been difficult to attract and keep M.D. providers.

Once again, I strongly encourage you to support this legislation. If I may be of any help or answer any questions concerning this legislation or my function and responsibilities with Physician Assistants, both in the past and in my present practice in Deer Lodge, Montana, and at the Montana State Prison, please do not hesitate to let me know. If I could help you most by meeting with you in Helena, I would be happy to try and make an arrangement.

Sincerely yours,

Thomas H. Wendel M.D.

THW:bk

Thomas H. Wendel, M. D.

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE
AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Michael Gatzke PA-C. Mr. Gatzke's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Gregory A Rice

cc: MAPA

211 EAST 2ND LIBBY, MONTANA 59923 TELEPHONE (406) 293-8711

RANDY J. LOVELL, D.O.
Box 969
Thompson Falls, MT 59873
(406) 827-4307

November 28, 1988

Montana Board of Medical Examiners
1424 - 9th Avenue
Helena, MT 59620

Dear Members of the Board:

I have a family practice clinic in Thompson Falls, Montana and, as you know, I am a supervising physician for Harvey Fry, PA. Mr. Fry's organization, the Montana Academy of Physician Assistants, is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

Randy J. Lovell, D.O.

RJL:lsp

cc: Harvey Fry

STEPHEN L. HUFMAN, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for James Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

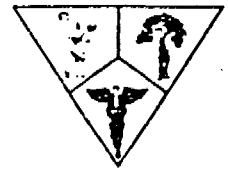
Best regards,

Steph Hufman MD

cc: MAPA

211 EAST 2ND · LIBBY, MONTANA 59923 · TELEPHONE (406) 293-7791

MISSOULA ORTHOPAEDIC AND SPORTS INJURY CLINIC
MICHAEL SCHUTTE, M.D.



November 29, 1988

Montana Board of Medical Examiners
1424 - 9th Ave.
Helena, MT. 59620

Dear Members of the Board:

As you are aware, both Dr. Stephen Powell and myself are supervising physicians for Jerry J. King, PA-C. Mr. King's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you be aware that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best Regards,

MICHAEL J. SCHUTTE, M. D.

2825 FORT MISSOULA ROAD • MISSOULA, MONTANA 59801 • (406) 728-6101

MISSOULA ORTHOPAEDIC CLINIC

Fort Missoula Physician Center — 2825 Fort Missoula Road — Missoula, Montana 59801 — 406/728-6101

November 29, 1988

Montana Board of Medical Examiners
1424 - 9th Ave.
Helena, .MT. 59620

Dear Members of the Board:

As you are aware, I am a supervising physician for Jerry J. King, PA-C. Mr. King's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you be aware that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best Regards,

STEPHEN G. POWELL, M. D.

STEPHEN G. POWELL, M.D., P.C.
Orthopaedic Surgery
Surgery of the Hand

MICHAEL J. SCHUTTE, M.D., P.C.
Orthopaedic Surgery
Missoula Sports Injury Clinic

Work Care
A Service of The Billings Clinic
Occupational Medical Services for the Workplace

ALLERGY
L Bruce Anderson, Jr., M.D
Kathleen C. Davis, M.D
DERMATOLOGY
Thomas F. Gormley, M.D
Albert C. Reynaud, M.D
FAMILY PRACTICE
Brian C. Weitz, M.D. - Heights
Joseph T. Bednarek, M.D. - Heights
William B. Bevens, Jr., M.D. - Red Lodge
James J. Kane, M.D. - Red Lodge
Benjamin K. Kukas, M.D. - Red Lodge
David I. McLaughlin, M.D. - Red Lodge
Timothy C. Weill, M.D. - Red Lodge
Larry W. Sonnenberg, M.D. - Red Lodge
IMMEDIATE CARE
Gene V. Holden, M.D
John J. Fina, M.D
INTERNAL MEDICINE
Allan Lee Goulding, M.D., P.C.
George R. Brovus, M.D
Paul V. Hoyer, M.D
Lucinda M. Hursey, M.D
Barry M. Hochstadt, M.D
Robert B. Kerr, M.D. - Red Lodge
CARDIOLOGY
Walter C. Deghan, M.D
John R. Burg, M.D
Herman D. Sorensen, M.D
ENDOCRINOLOGY
Martin E. Kocsis, M.D
GASTROENTEROLOGY
John C. Finke, M.D
Mark C. Pumarns, M.D
HEMATOLOGY/ONCOLOGY
Warren D. Bowman, Jr., M.D
Wilderness and Mountain Medicine
Donald I. Banta, M.D
Roger G. Santala, M.D
INFECTIOUS DISEASES
Ronald H. Smith, M.D
NEPHROLOGY
Donald L. Hicks, M.D
James D. Knostman, M.D.
PULMONARY AND
CRITICAL CARE MEDICINE
Nicholas J. Welter, M.D
Frederick W. Kann, M.D.
RHEUMATOLOGY
Phillip E. Griffin, Jr., M.D
Susan C. English, M.D
NEUROSCIENCES
NEUROLOGY, ELECTROMYOGRAPHY &
ELECTROENCEPHALOGRAPHY
Dale M. Peterson, M.D
Patrick J. Carvill, M.D
Roger S. Williams, M.D
NEUROLOGICAL SURGERY
Robert C. Wood, M.D
Layman W. Sorya, M.D
PSYCHOLOGY
Robert E. Tompkins, Ed.D
William P. Bredenkott, Ph.D
OBSTETRICS AND GYNECOLOGY
William H. Deschner, M.D., P.C.
Thomas C. Olson, M.D., P.C.
Mark E. Randak, M.D
James R. Harris, M.D
Janet L. Dettner, M.D
OCCUPATIONAL AND PREVENTIVE MEDICINE
William S. Shaw, M.D
OPHTHALMOLOGY
James S. Good, M.D., P.C.
James H. Olson, M.D
James T. Priday, M.D
Mark P. Reynolds, O.D
ORTHOPEDICS
Willard J. Hall, M.D
James E. Scott, M.D., P.C.
James F. Schwartzen, M.D
Raeburn M. Jenkins, M.D.
Robert S. Schultz, M.D
OTOLARYNGOLOGY - HEAD AND NECK SURGERY
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
Stephen A. Kramer, M.D
Sheri L. Pool, M.D
PEDIATRICS
Allen P. Hartman, M.D
Patrick Sauer, M.D
Paul H. Kerker, M.D
Fred E. Gumming, M.D
Linda R. Jonnson, M.D
GENERAL THORACIC, CARDIAC
AND VASCULAR SURGERY
John W. Heuzer, M.D., P.C.
O. Adrian Jonnson, M.D., P.C.
Howes D. Agnew, M.D
Paul F. Grmoyez, M.D., P.C.
Robert N. Hurd, M.D
John R. Gregory, M.D
J. Scott Mawyer, M.D
Jeffrey L. Stone, M.D. - Red Lodge
UROLOGY
C. Dale Vermilion, M.D
Richard B. Meuzer, M.D
RADIOLOGY
Jerry D. Weir, M.D
V. Paul Jonnson, M.D
Dean A. Bruschwein, M.D
Larry Herbert, M.D
MEDICAL DIRECTOR
John W. Heuzer, M.D
ADMINISTRATION
Steven E. Roger
John D. Jones

November 28, 1988

Thomas Malee, M.D., President
Montana Board of Medical Examiners
1424 Ninth Avenue
Helena, MT 59620

Dear Dr. Malee:

Since 1985, I have had the pleasure of serving as preceptor for David P. Johnson, PA/C. My experience with mid-level practitioners, however, extends back to 1974. Since that time, I have had essentially continuous experience with nurse practitioners and physician assistants. This experience has taken place in four different states including Utah, Washington, Texas and Montana.

Uniformly, I have found nurse practitioners and physician assistants to be dedicated and conscientious professionals. The care they have delivered to my patients has been of the highest quality. I have been particularly impressed with the judgment displayed in managing clinical situation. Mr. Johnson, my present associate, displays these same qualities and characteristics to a very high degree.

For the past year, I have been aware of the Montana Academy of Physicians Assistants' efforts to reform the current PA practice act in the state of Montana. I am further aware of the efforts at obtaining limited prescriptive authority for physician assistants. I strongly support this group in its efforts. Having practiced in Washington state where such prescriptive authority is granted, I have seen first-hand that patient care has not suffered in the least and practice efficiency has been improved.

The Billings Clinic
2825 8th Avenue North
P.O. Box 35100
Billings, MT 59107-5100
(406) 256-2500

Heights Branch
100 Wicks Lane
P.O. Box 35104
Billings, MT 59107-5104
(406) 256-2575

Red Lodge Branch
10 South Oaks
P.O. Box 1130
Red Lodge, MT 59068
(406) 446-2412

Columbus Branch
4th Avenue & A Street
P.O. Box 239
Columbus, MT 59019
(406) 322-4542

I encourage you and the board to endorse MAPA efforts during the upcoming legislative session. If I may be of assistance to you in this matter, please feel free to call upon me.

Sincerely,

WILLIAM S. SHAW, M.D.
DIRECTOR
OCCUPATIONAL MEDICINE SERVICES

lp

P. F. Henke, M.D.
Obstetrics and Gynecology
401 Louisiana Avenue
Libby, Montana 59923
(406) 293-8731

November 28, 1988

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620

Dear Members of the Board;
As you know I am a supervising physician for Jim Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants, is pursuing legislative reform of the current PA practice act.

I though it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

P.F. Henke, M.D.

cc: MAPA

PFH/mh

COMMUNITY CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

November 30, 1988

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620

Dear Members of the Board,

I am Kent Hoerauf, M.D., Internist, currently practicing out of the United Clinic in Hettinger, North Dakota. As a physician at United Clinic, I travel to satillite clinics, including Baker, Montana. I have become informed of recent legislative consideration regarding extension of privileges and responsible health care for Montana PA's. Part of the United Clinic's system involves multiple satillite clinics. I am personally responsible for a PA in Lemmon, South Dakota and am an alternate physician in charge of a PA in Ekalaka and Baker, Montana, Dan Davis and Marilyn Nona, respectively. As a practicing physician in rural North Dakota and Montana, I am keenly aware of physician shortage and the enormous need for health care providers in rural areas. It is my personal experience of the past four years, that it is extremely difficult to recruit physicians in rural areas. Physician Assistants have been extremely valuable in acting as physician extenders to maintain health care continuity in delivering care in shortage areas.

I have reviewed recent legislative proposals with my PA's. I think the physician has a personal responsibility to become familiar with the clinical judgement and expertise of their individual PA's. I think that if this is accomplished, it would be valuable for the PA's to have the ability to prescribe medications. I agree that this should be limited to medications other than Control Class II medications. I think it is important that PA's be able to provide orders for hospital admission and act independently with review by the physician within a reasonable period of time. I think that it would be necessary to file protocols. It is the responsibility of each individual physician in charge of a PA to be comfortable with their PA's capabilities, as individual PA experiences tend to vary in

nature, procedures, etc. I think it would be reasonable to have basic guidelines, but important not to restrict interaction between individual PA's and their responsible physicians.

In summary, I feel that current legislative proposals are reasonable in that it allows PA's to act more fully in the role of physician extender and that I think emphasis should be on the individual physician responsibility in monitering PA activities with certain state guidelines. It is also reasonable that PA's should write orders to initiate patient care and that these would be followed up on by the physician within a reasonable length of time.

Sincerely,

Kent Hoerauf, M.D.

KH/srn

Heights Family Practice Clinic
935 Lake Elmo Road
Billings, Montana 59105
(406) 657-7674

JOHN J. MALLOY, M.D.

November 29, 1988

Montana Board of Medical Examiners
1424 9th Ave.
Helena, Mt. 59620

Dear Members of the Board:

I understand that the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I would like to endorse these efforts inasmuch as these changes would bring PA's up to the level of those in surrounding rural states. I believe that the utilization PA's in rural Montana would enhance health care in these areas. The maldistribution of physicians is likely to continue in spite of oversupply in urban areas and I think the PA is well suited to fille that gap.

Sincerely,

John Malloy, MD

John J. Malloy, M. D.

JJM/mw

cc: Mr. Paul Wheeler PA-C
President MAPA
P. O. Box 307
Deer Lodge, Mt. 59722

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Ken Bogart PA-C. Mr. Bogart's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Glenne Günther, MD

cc: MAPA

211 EAST 2ND LIBBY, MONTANA 59923 TELEPHONE (406) 293-8711

HUNTLEY-PROJECT
Family Medical Center

John J. Malloy, M.D.
Fred G. Scriver, M.D.
Randy Spear, Physician Assistant

November 29, 1988

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Randy Spear, PA-C. Mr. Spear's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

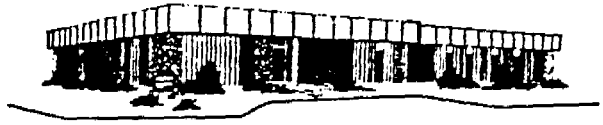
Frederick G. Scriver, MD

FGS:sls

Box 246, Worden, MT 59088, 406-967-2255

DEER LODGE CLINIC, P.C.
FRANCIS L. BERTOGLIO, M.D.
ERIC RIDGWAY, M.D.
THOMAS H. WENDEL, M.D.

(406) 846-1722



PROFESSIONAL PLAZA
1101 Maryland Avenue
Deer Lodge, Montana 59722

CLINIC DENTAL OFFICE
GARR T. PHELPS, D.D.S.
D.G. HIESTERMAN, D.D.S.
(406) 846-1818

PHYSICAL THERAPY
J. PATRICK McGILLIS, R.P.T.
(406) 846-1991

December 1, 1988

Board of Medical Examiners
State of Montana
Mitchell Building
Helena, Montana 59601

Dear Sirs:

I have been professionally involved with Physician Assistants in my personal practices in Wyoming and Montana for over 5½ years.

During this period of time, I have been involved with six (6) Certified Physician Assistants, all of whom have been knowledgeable, caring and competent.

I have seen these individuals make significant impacts on the health care of communities in which they have served. Their contributions to the health care delivery system is particularly important in rural states such as Montana.

I have seen the proposals put forth by the Montana Academy of Physician Assistants and believe that they are necessary and reasonable. I urge your support of this proposal and hope that you will elect to defend them in the upcoming legislative session.

Thank you for your consideration in this matter.

Respectfully,

Eric M. Ridgway, M. D.

EMR:bk

November 30, 1988

Board of Medical Examiners
State of Montana
Mitchell Building
Helena, MT 59601

Dear Ladies and Gentlemen:

My experience with physician assistants consists of the last three years as a supervising physician of two physician assistants. Physician assistant services are invaluable in the practice of medicine in this particular setting.

I strongly encourage you to support the proposed legislation of the Montana Academy of Physician Assistants.

Sincerely,

WILLIAM A. VESSIE, M.D.

PEW/WAV/cmj

Providing Total Care for the Community

RHCC

Rosebud Health Care Center

October 7, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity,. As competent members of the health care team working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Joyce Asay

Joyce Asay
Administrator

Marilyn Kanta, R.N.
Nursing Home Director
Darlene Sharpe RN.

D. Gregory D.O., AMA (Hospital)

383 N. 17th Avenue, Forsyth, Montana 59327
356-2161 or 1-800-826-0674

JAMES H. ARMSTRONG, M.D.
795 SUNSET BOULEVARD
KALISPELL, MONTANA 59901

Telephone ~~857-9880~~ 752-8104

Montana Board of Medical Examiners
1424 9th Avenue
Helena, Montana

Dear Ladies and Gentlemen:

I am writing in support of the effort of the physician's Assistants in montana to revise the law so as to permit them to provide more services under the supervision of the employing physician.

For example it would be very helpful to me if Ms. Susan Cahill, PA, who is employed by me, could write prescriptions as authorized and mandated by me.

It seems to me also a good idea to have a PA and/or a PA employee on the Board to provide more input.

As you know PA's are not interested in independent practice as some groups are, but only under the supervision of a physician.

Thanking you sincerely,
James H. Armstrong

St. John's Lutheran Hospital, Inc.

August 12, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
808 Milwaukee
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Barb Magone RN
254 Warden Rd
Libby, Mt. 59923

Thomas B. Hamilton RN
1216 Louisiana Ave
Libby, MT 59923

Susan Hanshek RN, MSN
PO Box 1102
Libby, MT 59923

Donna Nailen RN
100 Grampa Gardner Rd
Libby, Mt. 59923

Gina Edgar RN
170 Glendora Ave
Libby Mt. 59923

Penny M. Hutchinson, CCRN
982 Sheldon Flats Rd
Libby, Mt. 59923

Sheila Clark, RN
644 Florence Rd.
Libby, MT. 59923

Connie Boyd
2659 Bull Lake Road
Troy Mont. 59935

Susan Verschoor
437 Florence Rd.
Libby, Mt. 59923

350 Louisiana Avenue Libby, Montana 59923-2198 406/293-7761

McCONE COUNTY
HOSPITAL
P.O. BOX 47
CIRCLE, MONTANA 59215

Mr. Jim Reid, PA-C
Secretary
Montana Academy of Physician Assistants
P.O. Box 1254
Libby, Montana 59923

January 16, 1989

Dear Mr. Reid:

It is our understanding that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants in the state of Montana, specifically the Nurse Practice Act. We support your efforts to amend the Nurse Practice Act to allow Nurses to carry out orders of Physician Assistants.

Sincerely,

Nurses of McCone County Hospital

cc: MAPA, Helena

COMMUNITY
CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

October 28, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperatly needs.

As practicing registered nurses, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Deanna Logar R.N
Deanna Logar, R.N.

Mary Graham RN
Mary Graham, R.N.

Helen Jensen R.N.
Helen Jensen, R.N.

COMMUNITY
CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

October 28, 1988

Honorable Leo A. Giacometto
Montana House of Representatives
Helena, MT 59620

Dear Mr. Giacometto,

It has come to our attention that the Montana Academy of Physician Assistants is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperatly needs.

As practicing registered nurses, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Deana Logar
Registered Nurse

Mary Graham
Registered Nurse

Helen Jensen
Registered Nurse

office nurses

McCONE COUNTY NURSING HOME

205 SULLIVAN
P.O. BOX 198
CIRCLE, MONTANA 59215
(406) 485-3381

January 18, 1989

Dear Mrs. Kasten:

I understand the vote regarding SEnate Bill 26 concerning the practice of PHysician Assistants will be held soon. I would like to express my support for this bill.

Considering the problems facing many small hospitals and communities in Montana in regard to health care, I think approval of this bill would greatly ease the situation. The Physician Assistant and Medical Assistance Facility concepts are the most promising solutions I have seen. However, physician assistants must be given a broader base of responsibility in order for their services to be utilized to have the greatest impact--especially in the following areas:

prescription writing privileges
amendments to the Nurse Practice Act to allow nurses to carry out orders directed by the Physician Assistant
reimbursement by medicare, medicaid and private insurance

I urge you to positively consider this bill and I thank you for your time in considering my opinions.

Sincerely,

Sandra Rueb RN, DON

Sandra Rueb, RN
Director of Nursing

HUNTLEY-PROJECT
Family Medical Center

John J. Malloy, M.D.
Fred G. Scriver, M.D.
Randy Spear, Physician Assistant

October 14, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Mary Eggum LPN.

Mary Eggum, LPN
Licensed Practical Nurse

Gladys Wittman RN

Gladys Wittman, RN
Registered Nurse

ME/GW: slg

Garfield County Health Center, Inc.

P.O. Box 389, Jordan, Montana 59337

Members of Presentation Health System

PACE Shared Services
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKennan Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

St. Luke's Hospital
Aberdeen, South Dakota

Faulk County Memorial Hospital
Faulkton, South Dakota

Marshall County Memorial Hospital
Britton, South Dakota

St. Joseph Hospital
Polson, Montana

Dickey County Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

September 27, 1988

Mr. Paul Wheeler P.A.-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PA's) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PA's to function to their full capacity. As competent members of the health care team, working with physician supervision, PA's can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,
The Nursing Staff of Garfield County Health Center

Stephanie Sullos RN
Lilo Rasmussen RN
Jennie Brauer R.N.
Lucy Johnston RN
Freda Hensleigh L.P.N.
Janet Clark RN
Dalen Shawn SBN
Kathy Wankel R.N.

DEPARTMENT OF INSTITUTIONS
MONTANA STATE PRISON

TED SCHWINDEN, GOVERNOR

STATE OF MONTANA

(406) 846-1320

DEER LODGE, MONTANA 59722

August 15, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
808 Milwaukee
Deer Lodge, Montana 58722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Jimmy Smith RN
Kerry Williams RN
Beverly Beck RNBS
Peg Bartlett, RN (Rosenleaf)
Ronald D. Fleig RN
Lauraine Barrington, RN
Teri Hamel RN
Carla Billig RN

Deer Lodge, Montana
November 1, 1983

TO WHOM IT MAY CONCERN:

I am writing in support of the Montana Academy of Physician Assistants' current efforts to reform the physician assistant laws in Montana via legislative reform bill LC21.

I am a Registered Nurse with an Associate Degree from MSU. In addition to being a homemaker and mother, I have worked as a nurse in emergency services, treatment and I.V., doctor's offices (OB-GYN, Vascular Surgery), home health care, and at Warm Springs State Hospital on a research project for the influenza vaccine. I have worked in California, Colorado and primarily Montana. For the past five and a half years, I have worked full time as a correctional nurse at Montana State Prison.

I review my work record in support of a conviction that has grown through these life and nursing experiences that there is a place and a need in our profession for extended health care givers from all modalities. In particular, if we are to uphold the basic nursing concept of responding to the health care needs of our patients and fulfill our role of patient advocate, we must work toward expanding and utilizing alternative health care services.

I have had the opportunity of working closely with two Physician Assistants in my experience at Montana State Prison--one for three years, and the other for one and a half years. These P.A.'s have been an integral part of our efforts to upgrade the delivery of health care at M.S.P. With a current census of approximately 1000 inmates, the prison can be compared to a rural community in terms of the health needs of adult male felons.

Under the supervision of a full time sponsoring physician, our two P.A.'s deliver good quality midlevel health care. They provide a valuable contribution to the on-going health care of our clientele by way of physical examinations, minor surgical procedures, routine diagnostic tests, preliminary diagnoses, treatment plans, and response to emergency situations. They are essential members of our health care team, functioning within their skill levels and as a valuable resource for our nursing personnel to assure comprehensive quality patient care.

It is my hope that with passage of the current P.A. legislative efforts, more P.A.'s will join with Montana's nurses in bringing progressive health care to the residents of our state.

Sincerely,

Peg Bartlett R.N.

Peg (Rosenleaf) Bartlett, R.N.
First Shift Leadworker

Saint Vincent Hospital and Health Center

November 21, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

Saint Vincent Hospital and Health Center would like to go on record as supporting your organization and its efforts to bring positive changes in Montana's current legislation regulating the utilization of physician assistants in this state.

Saint Vincent Hospital has been involved with supporting rural health care for quite a few years. Our experience with physician assistants in rural settings has been a very positive one. Saint Vincent Hospital shares your interest in pursuing changes to the current laws which will allow PAs to function to their full capacity in areas which physicians cannot be easily placed. As competent members of the health care team working with physician supervision, PAs can continue to provide the kind of quality health care many areas of Montana desperately need.

As an administrator concerned about the delivery of quality health care in rural Montana, I support your efforts,

Sincerely,

James T. Paquette
President

JTP/ge

We touch your life.

Physician Services

November 18, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

I would like to go on record with your organization as strenuously supporting your efforts to change current legislation relating to the utilization of physician assistants in this state.

With over ten years of experience in hospitals and health care in Idaho and Montana, and close to three years as a consultant to physicians and physician groups in rural areas, I am acutely aware of the need and value of qualified physician assistants in these areas. As the recruitment and retention of qualified physicians becomes an ever increasing problem, the ability for physician assistants to practice to the limit of their abilities becomes more and more critical.

In particular, several of your suggested changes to the current legislation make immediate sense to me and, I believe, would impact the delivery of rural health care in a positive fashion. Specifically, I support the placement of a supervising physician on the Board of Medical Examiners. The establishment of prescribing and dispensing of authority is a proposal whose time has come particularly in Montana with the proposed medical assistance facility as a practical solution for many rural hospitals. It also makes sense that third party carriers accept billing from physician assistants. Finally, the proposal to provide a mechanism whereby a P.A. could do locum tenens work is a rational proposal with positive benefits to many rural delivery sites in the state.

In summary, the proposed changes to current legislation are needed. As competent members of the health care team working with physician supervision, P.A.s can provide the kind of quality health care I can support and Montana desperately needs.

Sincerely,

Rick Palagi
Director, Physician Services

RP/lm

Saint Vincent Hospital and Health Center
P.O. Box 35200, Billings, Montana 59107-5200
406 657-8720

Planned Parenthood
of Missoula

July 18, 1988

Jim Tavery, Administrator
Powder River Manor
P.O. Box 70
Broadus, MT 59317

Dear Mr. Tavery,

Planned Parenthood of Missoula uses Physician Assistants in providing family planning services in Western Montana. Our clinic holds a Class IV facility pharmacy license. Under this license, any legend drugs dispensed must be packaged, labeled and prepared by a registered pharmacist. This standard prohibits commercially prepackaged prescriptive contraceptives, which are medically prescribed by a licensed physician, from being dispensed by anyone other than a pharmacist. Family planning clients, who are at high risk for unplanned pregnancy, would benefit from allowing our Physician Assistant to dispense commercially, prepackaged prescriptive contraceptives in our family planning clinic under the delegated authority of our Affiliate Medical Director.

Any changes to the existing pharmacy regulations would increase our ability to provide cost-effective, high quality services to our clients. Many of our clients must travel long distances to obtain services at our clinic and would have to return to our clinic after our pharmacist dispenses their prescription. It would be extremely beneficial to our clients to be able to obtain their oral contraceptive prescription at the time of their reproductive health examination.

Along with our other mid-level health providers, Physician Assistants offer quality medical services and education to our clients. This enables us to offer our services at an affordable price. Therefore, Planned Parenthood of Missoula favors an expanded prescriptive and dispensing authority for Physician Assistants in Montana.

Sincerely,

Melanie Reynolds

Melanie Reynolds
Executive Director

219 E. Main • Missoula, Montana 59802 • 406-728-5490

KOOTENAI ORTHOPAEDICS
Randale C. Sechrest, M.D.
Surgery of the Musculoskeletal System

401 Louisiana Avenue
Libby, Mt. 59923

Telephone
(406)293-8731

November 16, 1988

Mr. Paul Wheeler, PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler;

I am writing in regards to the efforts of your organization to pursue changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

I have been fully educated at to the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to the full extent of their capabilities. As competent members of the the health care team, working with physician supervision, PAs can provide the kind of quality health care desperately needed in the state of Montana.

As a clinic administrator concerned about the delivery of quality health care in rural Montana, I support your efforts on behalf of MAPA.

Sincerely,

Jinger B. Redd

Jinger B. Redd

McCONE COUNTY
HOSPITAL
P.O. BOX 47
CIRCLE, MONTANA 59215

Mr. Paul Wheeler, P.A.
President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

December 13, 1988

Dear Mr. Wheeler:

I am aware that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants (PA's) in Montana.

I would like to offer my support for these critical changes. For many small rural communties like Circle, these changes to the legislation will likely make the difference between having health care services available or having no primary or acute care for a distance of at least 50-70 miles. If the proposed reforms are not passed, specifically the prescription writing privileges and the Nurse Practice Act amendments, the PA would not be a viable option for Circle. Without PA coverage, the Medical Assistance Facility Program would also not be viable. Therefore, when our current physician would retire, McCone County would be without primary and acute care services. Furthermore, both professional and non-professional jobs would be lost. In a community the size of Circle, this would have a devastating impact on an already burdened local economy.

The other extremely vital issue which you have addressed is that of third party coverage of PA services both outpatient and inpatient. This reimbursement is also key if we wish to maintain a viable health care operation.

I support your efforts in this area and if I may be of any assistance, please let me know.

Sincerely,

Nancy A. Berry
Administrator

cc: Mr. James Reid, Secretary, MAPA
Mr. Tony Wellever, MHA
Ms. Jeannie Bennet, MT Nurse Association
Ms. Phyllis McDonald, MT Board of Nursing

Deaconess
Medical
Center

December 22, 1988

Mr. Paul Wheeler, PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, MT 59722

Dear Paul:

I would like to offer my support to MAPA's efforts to improve utilization of physician assistants in Montana.

I have worked with physician assistants in a variety of settings in Wyoming, New Mexico, and North Carolina and have been impressed with the wide range of duties that can be performed by PA's. I am aware of the current limitations affecting PA's in Montana and feel that your efforts are entirely appropriate.

Many of the locations I visit in Montana would be well-served by PA's, provided that the changes you have proposed are implemented. Without the changes, I don't see much hope for health care in many of the small, isolated communities in rural Montana.

Please let me know if I can help you in any other way. Your efforts are vitally important for rural Montana.

Sincerely,

David A. Watson
Physician Liaison

cc: Howard Zankner
Vice President
Corporate Services

Deaconess
Medical Center
of Billings, Inc.

Broadway at
Ninth Avenue North
P.O. Box 2547
Billings, Montana 59103

Telephone 406-657-4000

VHA. Member of Voluntary Hospitals of America, Inc.

Mr. Paul Wheeler, P.A.-C
President
MT Academy of Physician Assts.
P.O. Box 307
Deer Lodge, Montana 59722

Mr. Joe Killham
President
McCone County Hospital
Association
P.O. Box 47
Circle, Montana 59215

December 30, 1988

Dear Mr. Wheeler:

It has come to our attention that your organization is pursuing changes in the legislation which governs the practice of Physician Assistants (PA's) in the state of Montana.

The McCone County Hospital Association governs the operation of the McCone County Nursing Home and Hospital. The service area of these institutions is most of McCone County. As a board facing the crucial problems existent in rural health care today, we are considering new options, namely the PA, to maintain the necessary health services in McCone County.

It is our feeling that some changes are necessary in this legislation if PA's are to be a viable solution to many of the problems present in rural healthcare. Specifically, the following points are of concern:

1. Prescription Writing - In small, isolated communities such as ours, it is important for a practitioner to be able to provide a complete service to the patient, which would necessarily include prescription writing privileges. Like the other aspects of the PA's practice, this would be in consultation with the supervising physician. However, if the PA is granted prescription writing privileges, the supervising physician need not be physically present.

2. Nurse Practice Act - Currently, the Nurse Practice Act does not allow nurses to administer medications and treatments as prescribed by a Physician Assistant, The board of medical examiners has addressed this issue with a regulation that states nurses <u>may</u> carry out orders of a PA, since a PA works under the supervision of and in consultation with a supervising physician. The state board of nursing, however, apparently disagrees. This conflict must be resolved before nurses and PAs can successfully work together in an acute care setting.

3. Private Insurance and Medicaid Coverage - This coverage is necessary for both inpatient and outpatient services provided by a physician assistant. A large percentage

of our patients are covered by these insurances; realistically this issue must be addressed before a PA can be a successful health care practitioner.

We, the McCone County Hospital Association Board, support your efforts to change this legislation to enable PA's to become part of the rural health care team.

Sincerely,

Joe Killham, President
McCone County Hospital Association

cc: Mr. James Reid, Secretary, MAPA
Ms. Betty Lou Kasten, State Representative
Mr. Cecil Weeding, State Senator

TOWN OF WEST YELLOWSTONE

MONTANA

naturally inviting!

January 11,1989

Senator Cecil Weeding
State Capitol Building
Helena, Montana 59620

RE: SB 26

Dear Senator,

On behalf of the Town of West Yellowstone I am writing in support of SB 26; your bill revising the licensing laws for Physician's Assistants.

I have read the proposed legislation and discussed the bill with Mr. Tom Tully, a Physician's Assistant - Certified, who resides in West Yellowstone. I have also discussed the proposal with Dr. Gene Wilkins of Ennis, Mr. Tully's Supervising Physician.

We support your legislation. The availability of the PA-C to West Yellowstone has been a veritable lifesaver.

For several years the Town went through a succession of Physicians who would stay only a short time, usually because of economic reasons or because the demands of being the only health care provider to this isolated Community were just to great. Mr. Tully arrived in West Yellowstone about three years ago and has made the difference for our Town between having health care and not. The closest Doctor to the Town when Tom arrived was in Ashton, Idaho, 60 miles away; that hospital is now closed. The next closest was the Clinic and Hospitol in Ennis, 70 miles distant. Comprehensive health care is 90 miles away in Bozeman. With our harsh winters and busy summers it was often difficult and sometimes impossible for people to get health care. Now, many of the Town's medical needs are met by Mr. Tully. Further, as Director of the West Yellowstone Ambulance I know that Tom has been in a position to literally save lives and undue hardship for injured people and their famalies when accidents or other serious illnesses have struck visitors to the area.

The legilation you propose would broaden the powers of PA - C's in Montana and put them on a par with other States in the region. PA's are part of the solution to Montana's health care problems. I sincerely believe that if all PA's are like those

TOWN OF WEST YELLOWSTONE RECREATION AREA MONTANA GALLATIN COUNTY.

Box 579 West Yellowstone, Montana 59758 (406) 646-7795

I know, they should have this responsibility you propose and I am certain they would not abuse it.

I ask, if at all possible, you would submit this letter of support for the record when SB 26 comes up for hearing on January 25th.

Sincerely,

Kevin Ken Davis
Mayor

KKD/lwb
XC: Tom Tully

Montana State Pharmaceutical Association

Incorporated
P.O. BOX 4718
HELENA, MONTANA 59604
TELEPHONE 406-449-3843

December 1, 1988

James R. Reid, PA-C
Legislative and Governmental
Affairs Committee
Montana Academy of Physicians Assistants
P. O. Box 1254
Libby, MT 59923

Dear Mr. Reid:

The Montana State Pharmaceutical Association is pleased that the Physician Assistants have been willing to incorporate language in their bill that we have requested to clarify areas of concern.

We do not have any problems with this bill since clarification has been made as per our request.

Sincerely,

Robert H. Likewise

RHL/al

YELLOWSTONE COUNTY PHARMACISTS

12-1-88

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physiciann assistants (PAs) in this state.

Although not a formal organization, we as individual pharmacists wish to indorse the purposed changes by your organization, particularly the effort to gain prescriptive rights. We applaud your foresight in seeking input by the Montana Board of Pharmacy and the Montana Pharmaceutical Association in drafting that section of the legislation.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

As practicing pharmacists, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Dale F. Miller R.Ph Billings, Mt.

Theodor P. Walters R.Ph Billins, Mt.

Scott Nafts R. Ph Billings, Mt.

Walter 3. Fellows R.Ph Billings, Mt.

Charles Balzarini R.Ph Billings, Mt.

Howard W. George R.Ph Worden, Mt

PAT WILLIAMS
MONTANA, WESTERN DISTRICT

MAJORITY DEPUTY WHIP

COMMITTEES:
BUDGET
CHAIRMAN
TASK FORCE
ON HUMAN RESOURCES
EDUCATION AND LABOR
CHAIRMAN
POSTSECONDARY EDUCATION
SUBCOMMITTEES:
ELEMENTARY, SECONDARY AND
VOCATIONAL EDUCATION
EMPLOYMENT OPPORTUNITIES
LABOR STANDARDS
SELECT EDUCATION

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON, DC 20515
(202) 225-3211

DISTRICT OFFICES:
BUTTE
(406) 723-4404
FINLEN COMPLEX
59701
HELENA
(406) 443-7878
32 N. LAST CHANCE GULCH
59601
MISSOULA
(406) 549-5550
302 W. BROADWAY
59802

September 21, 1988

Mr. Jesse T. Brown
203 Kootenai Drive
Libby, Montana 59923

Dear Jesse:

Thank you for including me during your recent visit to Washington, D.C. I am sorry I was unable to meet with you. As you know, the fires in Yellowstone and throughout Montana took me unexpectedly out of the Washington office Thursday.

I appreciate you meeting with Don. He has passed on your interest and continued efforts to achieve Montana legislative action for the appropriate regulations and accreditation for physician assistants. I believe your efforts are on the right track to raise the nursing community's awareness of compatible physician, physician assistant, and nursing relationships which exist in other states with broadened but clearly defined physician assistant certification and regulations.

I know interest is rising in establishing interim acute medical treatment centers in Montana. I believe your point that physician assistants are needed to bring this plan to fruition is a compelling reason for your continued efforts. I wish you well.

I have written to General Ledford requesting consideration for granting commissioned officer status to physician assistants in the Army as is now practiced in the Navy and Air Force. I have also noted your support for S. 2597 and contacted Congressman Waxman in regards to H.R. 4983 which starts with a set $5 million grant for 1989 and increases 4% for two successive years.

Thanks again for coming in to meet. The information you have provided is helpful.

Best regards.

Sincerely,

Pat

Pat Williams

Box 48
Broadus, Mt. 59317
Dec. 9, 1988

Mr. Jim Reed, P. A.
Box 1254
Libby, Mt. 59923

Dear Jim:

Have been trying to get the exact wording of Farm Bureau Policy but so far they have not sent out the new policy books. This is the policy our lobbyists will be guided by at the up-coming legislative session.

I am enclosing the news bulletin that was in our Powder River Examiner and an approximate wording of the policy that will appear in the policy book. "We support enabling legislation for the profession of Physician Assistant."

Did you contact the Mt. Chamber of Commerce for their support? They are well organized at the state level for the purpose of lobbying.

Hope this answers your questions. If I can be of further help please let me know.

Sincerely,

Joe McDowell

Joe McDowell, Vice Pres.
Powder River Co. Farm Bureau

cc; Jim Tavery, Admin.
Powder River Rest Home

Heights Family Practice Clinic
935 Lake Elmo Road
Billings, Montana 59105
(406) 657-7674

JOHN J. MALLOY, M.D.

October 17, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, Montana, 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assisants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Diane Foster, RLT
Registered Laboratory Technician

Wilma Hoff

Wilma Hoff, EMT CRT
Certified Radiology Technician

DF/WH:mw

Flying V Apts. Inc.

BOX 137
CIRCLE, MONTANA 59215
PHONE 406/485-2566

ELMO DREYER, PRES.

EFFIE DREYER, SEC.

January 10, 1989

Dear Mr. Reid:

Yesterday's Billings Gazette had a major story on PA's in Montana and you were listed as their sec. Senator Cecil Weeding's bill # 26, is very important for the state of Montana. I wrote and told him too, to keep pushing it.

Doctor's just don't want to come to some smalltowns in eastern Montana. Circle is about 950 I guess. We do have an old doctor here that would chase anybody out. He has been here since 1961 and made a mint of money, but has control of the county. But still PA's are needed in a lot of places.

I hope that you can get the changes in the laws about presciptionns etc. Dan Muniak from Jordan has been in Circle when our other doctor was out of town, and is really well liked.

When the bill comes up, and if you need support, I believe I could get some letters or telephone calls from here. We have a major problem here so know how bad doctor help is needed a lot of places.

We have aabout a foot of snow here now, but sure do need the moisture for dams and crops.

Thanks for what you are doing.

Yours truly,

Elmo Dreyer

Elmo Dreyer

MONTANA FARM BUREAU FEDERATION
502 South 19th • Bozeman, Montana 59715
Phone: (406) 587-3153

BILL # SB 26 ; TESTIMONY BY: Lorna Frank

DATE 1/25/89 ; SUPPORT yes ; OPPOSE _____

Mr. Chairman, members of the Committee, for the record, my name is Lorna Frank, representing Montana Farm Bureau

We support SB 26 licensing Physician-Assistants, as a solution to lack of available physicians in some rural areas.

SIGNED: Lorna Frank

DATE January 25, 1989

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Oppose
Beth Sorensen		SB 26	X	
Sharon Meyer Jr.	Mt. Nurse Assoc	SB 26		X
Jean Sweetman	Mt. Nurses Assoc	SB26		X
Barb Bohren	MNA	SB26		X
Roger E. Combes D.C.	Board of Chiropractors	SB147	X	
Sherri R. Wilson	Board of Chiropractors	SB147	X	
FRANK NEWMAN		SB26	X	
David A. Watson	Deaconess Med Center-Billings	SB26	X	
Randy Spear	Huntley Proj. Med Center, Worden	SB26	X	
David Johnston	MAPA - The Billings Clinic	SB26	X	
Donald Handlos	MAPA & Madison Valley Clinic Hosp	SB26	X	
Donna Wandle		SB26	X	
Peg Bartlett	MSP	SB26	X	
Kenneth A Cuilbe	MAPA - Garfield Co	SB26	X	
Lucile Counter	MAPA - Garf. Co.	SB26	X	
Susan Cahill	MAPA - Flathead Co	SB26	X	
Marilyn Noma	MAPA - Fallon Co	SB26	X	
LeRoy Bierkeuvel	MAPA Powder River Co	SB26	X	
Helen Viker	Powder River Co	SB26	X	
DAN DAVIS	DAHL Healthcare Assn, Ekalaka mt	SB26	X	
JERRY KING	MISSOULA ORTHOPAEDIC & SPORTS INJURY CLINIC	SB26	X	
Ron Meyer	Dahl Health Care Assn Ekalaka Dan	SB26	X	
Janice Markuson		SB26	X	
Milton Markuson	Ma Co	SB26	X	
[illegible]	Fallon New Hosp.	SB26	X	
William Leffler	Fallon Co Comm.	SB26	X	

(Please leave prepared statement with Secretary)

DATE 1/25/89

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Jesse Black PA-	MAPA.	SB-26	✓	
Vicky Williams, ED, DNS	MAPA	SB-26	✓	
Rick Palagi	St. Vincent Hospital			
Don Sullivan PA-C	M.A.P.A.	SB 26	✓	
Les Conger	Christian Science Committee on Publication	SB 199		
Verland Buechler	Powder River Nursing Home Broadus, MT	S.B. 26	✓	
Edward D Best	Powder River Health Care Assoc	SB 26	✓	
Tyrone Loendorf	Mt. Med. Assn	SB 26		✓
Brian Tim	MT. Med. Assn	SB 26		X
Bob Likewise	MSPA	SB 26		
Lee G. Sage, D.C.	State Pol Chiropractors	SB 147	✓	
Tom Hopgood	Health Ins Assoc. of America	SB 26		✓
Doug Abbott	MT Dept Health & Environ. Sci	SB 181	✓	
Paul Wheeler	M.A. P.A.	SB 26	✓	
Larry Avey	Mont Health Network	SB 26	✓	
Jay Cheney	MT. Hosp. Assn		✓	
Keith W. Eaton	Mt Nurses Assn	SB 98		
Robert Johnson	L & C Cty-City Boards of Health	SB 189		
Donald Snyder	DHES	SB 189	✓	
P. Rapp-Svrcek	Sen. Dist 26	SB 26	✓	
[illegible]	DHES	SB 189	✓	
[illegible]	Staff A Hosp-Bldg Ind Ex.	SB 26		
Jim Avey	Mt Hospital Assoc	SB 26	✓	
James W. Crichton MD	Montana Academy of Family Physicians	SB 26	✓	
Anthony L. Welleven	MT Hospital Assn	SB 26	✓	
Gordon Morris	MACo	SB 26	✓	

(Please leave prepared statement with Secretary)

DATE Jan. 25, 1989

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppo
John W. McMahon MD	Mont Med Assoc	SB 26		X
Suzanne Brandes RN	Mont. Nurses Assoc	SB26		X
Bonnie Lippy	MCA	SB112	X	
Robert R Johnson	L&C Cnty Health Officer	SB182		
James R. Beck DA-C	MT Academy of PAs	SB26	X	

(Please leave prepared statement with Secretary)

intent to give them the normal powers of a board.

Senator asked what is the composition of the Board. Ms. Garrett informed that two are hearing aid dispensers; one member an audiologist; one member a medical doctor, and one member of the public.

Closing Statement by Sponsor: Senator Eck stated that the purpose of Boards is to provide some accountability. She does not believe the purpose of this bill is to put responsible dealers out of business. She believes that specific areas of the bill could be looked at, discussed, and determine whether the Board can do it by rule or whether some additional tightening-up procedures are called for.

EXECUTIVE ACTION ON SENATE BILL 26

Senator Hager called for action on Senate Bill 26: Senator Hager advised that a Statement of Intent would be attached to Senate Bill 26, which was reported out on February 6, 1989.

Discussion: The committee reviewed the Statement of Intent. Senator Himsl asked who composed the statement. Tom Gomez, Legislative Council, advised that the original drafter of Senate Bill 26 prepared the Statement of Intent with discussions with Senator Cecil Weeding, the primary sponsor of the bill.

Recommendation and Vote: Senator Norman made a motion that the Statement of Intent be attached to Senate Bill 26. Senators in favor, 7; opposed 0.

REQUEST FOR RESOLUTION

John Delano advised that he represented the Montana Community Foundation. He stated their goal is to have this committee adopt a Resolution. He introduced the President of their Board, David L. Auer from Billings.

David Auer briefly told that Community Foundations are generally new to Montana and are driven by donors. Most Foundations receive 90% of their money from wills, trusts, etc. after they gain recognition. They are a useful tool for people to leave something in their community as a lasting legacy, with income to be used for whatever purpose may be needed. He advised that some threshold is necessary before they become productive. The Foundation is a source of capital that is not usually available to the state, and he believes government cannot take care of all the charitable

ROLL CALL

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989 Date 2/8/89

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pipinich	X		

...ach to minutes.

SENATE STANDING COMMITTEE REPORT

February 13, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 26 (first reading copy -- white), respectfully report that SB 26 be amended and as so amended do pass:

1. Title, lines 4 through 13.
Following: the second "AN ACT" on line 4
Strike: remainder of line 4 through line 13 in its entirety
Insert: "PROVIDING FOR APPROVAL OF PHYSICIAN ASSISTANTS-CERTIFIED; REGULATING THE PRACTICE OF PHYSICIAN ASSISTANTS-CERTIFIED, INCLUDING PRESCRIBING AND DISPENSING AUTHORITY, BILLING PROCEDURES, AND LOCUM TENENS PRACTICE; AMENDING SECTIONS 33-22-111, 37-3-103, 37-7-401, 37-20-101 THROUGH 37-20-104, 37-20-202, 37-20-301 THROUGH 37-20-303, AND 53-6-101, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

2. Page 1, line 15.
Following: line 14
Insert: "

STATEMENT OF INTENT

A statement of intent is required for this bill because [sections 4 and 13] grant or extend rulemaking authority to the board of medical examiners in order to implement the provisions of this bill.

At a minimum, it is intended that the rules address the following topics:

(1) authorization for prescribing, dispensing, and administering drugs by a physician assistant-certified, including the extent and limitations of the prescribing and dispensing authority, required recordkeeping, and refilling of prescriptions; and

(2) considerations pertinent to approval of locum tenens utilization plans."

3. Pages 1 through 27.
Strike: everything following the enacting clause
Insert: "NEW SECTION. Section 1. Definitions. As used in this chapter, the following definitions apply:

(1) "Board" means the Montana state board of medical examiners established in 2-15-1841.

(2) "Locum tenens" means the temporary provision of services within the scope of practice of a physician assistant-certified.

(3) "Physician assistant-certified" means a member of a health care team, approved by the board, who provides medical services that may include examination, diagnosis, prescription of medications, and treatment, as approved by the board, under the supervision of a physician licensed by the board.

continued

(4) "Protocol" means the proper relationship between a physician assistant-certified and other health care practitioners and the manner of their interaction.

NEW SECTION. Section 2. Qualifications for physician assistant-certified. A person may not be approved as a physician assistant-certified in this state unless he:

(1) is of good moral character;

(2) is a graduate of a physician assistant training program approved by the American medical association's committee on allied health education and accreditation;

(3) has taken and successfully passed an examination recognized by the national commission on the certification of physician assistants;

(4) holds a current certificate from the national commission on the certification of physician assistants; and

(5) has submitted to the board detailed information on his history, education, and experience.

NEW SECTION. Section 3. Physician assistant-certified as agent of supervising physician. (1) In establishing protocol, a physician assistant-certified must be considered the agent of the supervising physician with regard to all duties delegated to the physician assistant-certified under the utilization plan. A health care provider shall consider the instructions of a physician assistant-certified as being the instructions of the supervising physician as long as the instructions concern the duties delegated to the physician assistant-certified under the utilization plan.

(2) The supervising physician and the physician assistant-certified are responsible for making available a copy of the approved utilization plan to all other health care practitioners with whom they reasonably believe they will interact on a regular basis.

(3) Nothing in this chapter may be construed to conflict with the provisions of 37-3-322.

NEW SECTION. Section 4. Prescribing and dispensing authority -- discretion of supervising physician on limitation of authority. (1) A physician assistant-certified may prescribe, dispense, and administer drugs to the extent authorized by the board by rule, by the utilization plan, or both. The prescribing, dispensing, and administration of drugs are also subject to the authority of the supervising physician, and the supervising physician in his discretion may impose additional limitations on the prescribing and dispensing authority granted by the board.

(2) All dispensing activities allowed by this section must comply with 37-2-104 and with packaging and labeling guidelines developed by the board of pharmacy under Title 37, chapter 7.

(3) The prescribing and dispensing authority granted a physician assistant-certified may include the following:

(a) Prescribing, dispensing, and administration of Schedule III drugs listed in 50-32-226, Schedule IV drugs listed in 50-32-229, and Schedule V drugs listed in 50-32-232, is authorized.

(b) Prescribing, dispensing, and administration of Schedule II drugs listed in 50-32-224 may be authorized for limited periods not to exceed 48 hours.

(c) Records on the dispensing and administration of scheduled drugs must be kept.

(d) A physician assistant-certified shall maintain registration with the federal drug enforcement administration.

(e) Drugs dispensed by a physician assistant-certified must be prepackaged by a licensed pharmacist, except that samples provided by a pharmaceutical company representative may be dispensed.

(f) Prescriptions written by physician assistants-certified must comply with regulations relating to prescription requirements adopted by the board of pharmacy.

(g) The board shall adopt rules regarding the refilling of prescriptions written by physician assistants-certified.

NEW SECTION. Section 5. Billing. A supervising physician or an institution where services were delivered may bill for physician assistant-certified services.

NEW SECTION. Section 6. Liaison to the board. The Montana academy of physician assistants shall elect one person to serve as a nonvoting liaison to the board to represent the interests of physician assistants.

NEW SECTION. Section 7. Coverage required for services provided by physician assistants-certified. An insurer, health service corporation, or any employee health and welfare fund that provides accident or health insurance benefits to residents of this state shall provide, in group and individual insurance contracts, coverage for health services provided by a physician assistant-certified, as normally covered by contracts for services supplied by a physician, if health care services that the physician assistant-certified is approved to perform are covered by the contract.

Section 8. Section 37-3-103, MCA, is amended to read:

"37-3-103. Exemptions from licensing requirements. (1) This chapter does not prohibit or require a license with respect to any of the following acts:

(a) the gratuitous rendering of services in cases of emergency or catastrophe;

(b) the rendering of services in this state by a physician lawfully practicing medicine in another state or territory. However, if the physician does not limit the services to an occasional case or if he has any established or regularly used hospital connections in this state or maintains or is provided with, for his regular use, an office or other place for rendering the services, he must possess a license to practice medicine in

this state.

(c) the practice of dentistry under the conditions and limitations defined by the laws of this state;

(d) the practice of podiatry under the conditions and limitations defined by the laws of this state;

(e) the practice of optometry under the conditions and limitations defined by the laws of this state;

(f) the practice of osteopathy under the conditions and limitations defined in chapter 5 of this title for those doctors of osteopathy who do not receive a physician's certificate under this chapter;

(g) the practice of chiropractic under the conditions and limitations defined by the laws of this state;

(h) the practice of Christian Science, with or without compensation, and ritual circumcisions by rabbis;

(i) the performance by commissioned medical officers of the armed forces of the United States, of the United States public health service, or of the United States veterans' administration of their lawful duties in this state as officers;

(j) the rendering of nursing services by registered or other nurses in the lawful discharge of their duties as nurses or of midwife services by registered nurse-midwives under the supervision of a licensed physician;

(k) the rendering of services by interns or resident physicians in a hospital or clinic in which they are training, subject to the conditions and limitations of this chapter. The board may require a resident physician to be licensed if he otherwise engages in the practice of medicine in the state of Montana.

(l) the rendering of services by a physical therapist, technician, or other paramedical specialist under the appropriate amount and type of supervision of a person licensed under the laws of this state to practice medicine, but this exemption does not extend the scope of a paramedical specialist;

(m) the rendering of services by a ~~physician's assistant~~ physician assistant-certified in accordance with Title 37, chapter 20;

(n) the practice by persons licensed under the laws of this state to practice a limited field of the healing arts, and not specifically designated, under the conditions and limitations defined by law; and

(o) the execution of a death sentence pursuant to 46-19-103.

(2) Licensees referred to in subsection (1) of this section who are licensed to practice a limited field of healing arts shall confine themselves to the field for which they are licensed or registered and to the scope of their respective licenses and, with the exception of those licensees who hold a medical degree, may not use the title "M.D." or any word or abbreviation to indicate or to induce others to believe that they are engaged in the diagnosis or

treatment of persons afflicted with disease, injury, or defect of body or mind except to the extent and under the conditions expressly provided by the law under which they are licensed."

Section 9. Section 37-20-101, MCA, is amended to read:

"37-20-101. Qualifications of supervising physician and ~~physicians' assistants~~ physician assistant-certified. (1) Each supervising physician named in the utilization plan required by 37-20-301 shall:

(a) possess a current, unrestricted license to practice medicine in this state;

(b) submit a statement to the Montana state board of medical examiners that, in his opinion, the ~~assistant~~ physician assistant-certified to be employed is of good character and is both mentally and physically able to perform the duties of a ~~physician's assistant~~ physician assistant-certified described in the utilization plan;

(c) submit a statement to the board that he will exercise supervision over the ~~physician's assistant~~ physician assistant-certified in accordance with any rules adopted by the board and will retain professional and legal responsibility for the care and treatment of his patients; and

(d) submit detailed information to the board regarding the physician's professional background, medical education, internship and residency, continuing education received, membership in state and national medical associations, hospital and staff privileges, and such other information as the board may require.

(2) ~~Except as provided in subsection (3), each physician's assistant~~ Each physician assistant-certified named in the utilization plan required by 37-20-301 shall:~~—~~

~~(a) be of good character;~~

~~(b) be a graduate of a physician's assistant training program approved by the American medical association;~~

~~(c) have taken an examination recognized by the national commission on physicians' assistants and received a score satisfactory to the board;~~

~~(d) hold a current certification by the national commission on physicians' assistants; and~~

~~(e) submit to the board detailed information on the applicant's history, education, and experience and such other information as the board may require.~~

~~(3) In lieu of the requirements of subsections (2)(b), (2)(c), and (2)(d) the physician's assistant may be a graduate of an approved medical school as defined in 37-3-102 and pass an examination approved by the board~~ meet the criteria for licensure as a physician assistant-certified as provided in [section 2]."

Section 10. Section 37-20-102, MCA, is amended to read:

"37-20-102. Insurance requirement. ~~No physician's assistant~~ A physician assistant-certified may not perform any service unless he has insurance from liability for his errors, omissions, or actions to the limits required by the hospital's governing authority."

Section 11. Section 37-20-103, MCA, is amended to read:

"37-20-103. Limitations on authority conferred -- exception. Except as provided in 37-10-102, nothing in this chapter may be construed to authorize a ~~physician's assistant~~ physician assistant-certified to perform those functions and duties specifically delegated by law to persons licensed as optometrists as defined under Title 37, chapter 10."

Section 12. Section 37-20-104, MCA, is amended to read:

"37-20-104. Penalty -- enforcement. (1) Any person who employs a ~~physician's assistant~~ physician assistant-certified or holds himself out to be a ~~qualified physician's assistant~~ physician assistant-certified without the approval of the Montana state board of medical examiners is guilty of a misdemeanor and is punishable as provided in 46-18-212.

(2) In addition to seeking any criminal penalty available under this section, the board may withdraw its approval of any utilization plan previously approved which is applicable to any supervising physician or ~~physician's assistant~~ physician assistant-certified who:

(a) acts in violation of this section;

(b) obtained the approval of the board by fraud;

(c) acts in a manner contrary to the terms of the utilization plan; or

(d) violates any of the applicable provisions of this chapter or rules of the board adopted thereunder.

(3) The board may enforce the provisions of this section by the remedy of injunction."

Section 13. Section 37-20-202, MCA, is amended to read:

"37-20-202. Adoption of rules. The board of medical examiners shall adopt administrative rules to implement the provisions of this chapter that:

(1) address the issues of supervision and direction limitations and requirements;

(2) address the issue of protocols for interaction of medical personnel with differing responsibilities;

(3) specify that a physician may not utilize more than one ~~physician's assistant~~ physician assistant-certified unless he can demonstrate to the board the ability to supervise more than one assistant adequately; ~~and~~

continued

(4) address other considerations pertinent to the approval of ~~physicians' assistants~~ physician assistant-certified utilization plans and locum tenens utilization plans, and the health care needs of the public."

Section 14. Section 37-20-301, MCA, is amended to read:

"37-20-301. Utilization plan required -- contents -- approval. (1) ~~No~~ A physician, office, firm, state institution, or professional service corporation may not employ or make use of the services of a ~~physician's assistant~~ physician assistant-certified in the practice of medicine, as defined in 37-3-102, and ~~no physician's assistant~~ a physician assistant-certified may not be employed or practice as a ~~physician's assistant~~ physician assistant-certified unless the ~~assistant~~ physician assistant-certified:

(a) is supervised by a licensed physician; ~~and unless such employment or use~~

(b) has been approved by the Montana state board of medical examiners; ~~in a~~ and

(c) has received board approval of a ~~physician's assistant~~ physician assistant-certified utilization plan.

(2) A ~~physician's assistant~~ physician assistant-certified utilization plan must set forth in detail the following information:

(a) the name and qualifications of the supervising physician and the ~~physician's assistant~~ name and license number of the physician assistant-certified, as provided in 37-20-101;

(b) the nature and location of the physician's medical practice;

(c) the duties to be delegated to the ~~physician's assistant~~ physician assistant-certified and the location in which those duties are to be performed;

(d) the name and qualifications of a second physician meeting the requirements of 37-20-101 to serve in the place of the supervising physician in the event that the supervising physician is unable to supervise the ~~physician's assistant~~ physician assistant-certified temporarily; ~~and~~

(e) ~~such other information as the board may consider~~ necessary guidelines describing the intended availability of the supervising or alternate physician for consultation by the physician assistant-certified; and

(f) other information the board may consider necessary.

(3) The board shall approve the utilization plan if it finds that the duties to be delegated to the ~~physician's assistant~~ physician assistant-certified are:

(a) assigned by the supervising physician;

(b) within the scope of the training, knowledge, experience, and practice of the supervisory physician; and

(c) within the scope of the training, knowledge, education, and experience of the ~~physician's assistant~~ physician assistant-certified.

(4) A supervising physician and a physician assistant-certified may submit a new or additional utilization plan to the board for approval without reestablishing the criteria set out in [section 2], as long as the information requirements of subsection (2) have been met and the appropriate fee provided for in 37-20-302(1) has been paid.

(5) A utilization plan may provide that a physician assistant-certified be allowed to furnish services on a locum tenens basis at a location other than the physician assistant-certified's primary place of practice for a period not to exceed 30 calendar days. A locum tenens utilization plan may be approved by a single board member."

Section 15. Section 37-20-302, MCA, is amended to read:

"37-20-302. Utilization plan approval fee -- renewal of approval -- renewal fee. (1) Every physician, office, firm, or professional service corporation proposing to employ a ~~physician's assistant~~ physician assistant-certified shall pay to the board a utilization plan approval fee in an amount set by the board, not exceeding $50. Payment must be made when the utilization plan is submitted to the board and is not refundable. (2) Approvalof every ~~physician's assistant~~ physician assistant-certified utilization plan expires 1 year from the date of approval and is invalid thereafter. The department of commerce shall notify each physician, office, firm, or professional corporation and ~~physician's assistant~~ physician assistant-certified named in a utilization plan of the date of expiration of board approval at least 1 month prior to the expiration of approval.

(3) Renewal of approval shall be granted by the board under such circumstances as would justify original approval of a utilization plan and upon payment by the employing physician, office, firm, or professional service corporation of a renewal fee in an amount to be set by the board, not to exceed $50.

(4) Every physician, office, firm, or professional service corporation proposing to employ a physician assistant-certified on a locum tenens basis shall pay to the board a locum tenens utilization plan fee in an amount set by the board, not to exceed $50.

~~(4)~~(5) Fees received by the department must be deposited in the state special revenue fund for use by the board in the administration of this chapter, subject to 37-1-101(6)."

continued

Section 16. Section 37-20-303, MCA, is amended to read:

"37-20-303. Exemptions from approval requirement. This chapter does not require the approval of a ~~physician's assistant~~ physician assistant-certified utilization plan or locum tenens utilization plan with respect to any acts within the professional competence of a person licensed under the provisions of Title 37, chapters 3 through 17, 31, or 32."

Section 17. Section 37-7-401, MCA, is amended to read:

"37-7-401. Restrictions upon sale or prescription of opiates -- coding prohibited -- refilling prescriptions. (1) It shall be unlawful for any physician or physician assistant-certified to sell or give to or prescribe for any person any opium, morphine, alkaloid-cocaine, or alpha or beta eucaine or codeine or heroin or any derivative, mixture, or preparation of any of them, except to a patient believed in good faith to require the same for medical use and in quantities proportioned to the needs of such patients.

(2) A prescription must be so written that it can be compounded by any registered pharmacist. The coding of any prescription is a violation of this section.

(3) A prescription marked "non repetatur", "non rep", or "N.R." cannot be refilled. A prescription marked to be refilled by a specified amount may be filled by any registered pharmacist the number of times marked on the prescription. A prescription not bearing any refill instructions may not be refilled without first obtaining permission from the prescriber. A prescription may not be refilled for more than 3 years from the date it was originally filled. No narcotic prescription may be refilled."

Section 18. Section 33-22-111, MCA, is amended to read:

"33-22-111. Policies to provide for freedom of choice of practitioners -- professional practice not enlarged. (1) All policies of disability insurance, including individual, group, and blanket policies, and all policies insuring the payment of compensation under the Workers' Compensation Act shall provide the insured shall have full freedom of choice in the selection of any duly licensed physician, physician assistant-certified, dentist, osteopath, chiropractor, optometrist, chiropodist, psychologist, licensed social worker, licensed professional counselor, or nurse specialist as specifically listed in 37-8-202 for treatment of any illness or injury within the scope and limitations of his practice. Whenever such policies insure against the expense of drugs, the insured shall have full freedom of choice in the selection of any duly licensed and registered pharmacist.

(2) Nothing in this section shall be construed as enlarging the scope and limitations of practice of any of the licensed professions enumerated in subsection (1); nor shall this section be construed as amending, altering, or repealing any statutes relating to the licensing or use of hospitals."

Section 19. Section 53-6-101, MCA, is amended to read:

"53-6-101. Definition of medical assistance. (1) The definition of medical assistance shall include:

(a) inpatient hospital services;

(b) outpatient hospital services;

(c) other laboratory and x-ray services;

(d) skilled nursing home services;

(e) physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; ~~and~~

(f) services provided by nurse specialists, as specifically listed in 37-8-202(5), within the scope of their practice and that are otherwise directly reimbursed as allowed under department rule to an existing provider; and

(g) services provided by physician assistants-certified within the scope of their practice and that are otherwise directly reimbursed as allowed under department rule to an existing provider.

(2) It may also include, although not necessarily limited to, the following:

(a) medical care or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law;

(b) home health care services;

(c) private-duty nursing services;

(d) dental services;

(e) physical therapy and other related services;

(f) clinic services;

(g) services provided by social workers licensed under Title 37, chapter 22;

(h) prescribed drugs, dentures, and prosthetic devices;

(i) eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select;

(j) other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;

(k) any additional medical service or aid allowable under or provided by the federal Social Security Act."

NEW SECTION. Section 20. Codification instruction. (1) [Sections 1 through 6] are intended to be codified as an integral part of Title 37, chapter 20, and the provisions of Title 37, chapter 20, apply to [sections 1 through 6].

(2) [Section 7] is intended to be codified as an integral part of Title 33, chapter 22, part 1, and the provisions of Title 33, chapter 22, part 1, apply to [section 7].

continued

NEW SECTION. Section 21. Extension of authority. Any existing authority to make rules on the subject of the provisions of [this act] is extended to the provisions of [this act].

NEW SECTION. Section 22. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

NEW SECTION. Section 23. Effective date. [This act] is effective on passage and approval."

AND AS AMENDED DO PASS

Signed: _____
Thomas O. Hager, Chairman

Statement of Intent adopted.

2/13/89
12:15 p.m.

scrsb026.213

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 2/8/89 Bill No. #26 Time 2:45

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

Louise Sullivan
Secretary

Sen. Tom Hager
Chairman

Motion: Statement of Intent be attached to SB 26

Senators in favor 7, opposed 0.

1989

response was that as the bill was originally drafted, the certificate would have been part of the realty transfer and it is the broker of the agency that sign the realty certificate. An affidavit is signed by the seller and not by the broker. Rep. Hansen asked if the seller needed to provide a smoke detector and Mr. Hopgood stated that it does. Rep. Hansen asked if the seller would be responsible for supplying the smoke detector and Mr. Hopgood stated that he was responsible. In the end, it is the seller himself, not the broker that will be signing the affidavit.

Closing by Sponsor: Senator Halligan closed on the bill.

DISPOSITION OF SB 15

Motion: Rep. Lee made a Motion to DO PASS.

Discussion: Discussion followed about proposed amendments.

Recommendation and Vote: A vote was taken and all voted in favor with the exception of Reps. Simon and Hansen to DO PASS. Motion carries.

HEARING ON SB 26

Presentation and Opening Statement by Sponsor:

Senator Weeding stated that this bill was an act providing for approval of physician assistants-certified; regulating the practice of physician assistants-certified, including prescribing and dispensing authority, billing procedures, and locum tenens practice and providing effective dates. Senator Weeding then supplied a letter of endorsement for physician assistant law reform and letters of endorsement. Exhibit 2.

Testifying Proponents and Who They Represent:

Senator Tom Hager
Paul Wheeler, Montana Association of Physicians Assistants
Jesse Brown, Montana Association of Physicians Assistants
Susan Cahill, Montana Association of Physicians Assistants
Jim Aherns, Montana Hospital Association
Darrell Espelin, M.D.
William Duffield, Fallon County Commissioner
John Patterson, Montana Association of Physicians Assistants
Chuck Butler, Blue Cross and Blue Shield
Rep. Roger Knapp
Jerry Loendorf, Montana Medical Association
Barbara Booher, Montana Nurses Association

Proponent Testimony:

Senator Tom Hager supports this legislation.

Paul Wheeler stated that the continuation of the grass roots effort to reform PA laws this bill will expand and better define the roles of PA's statewide by allowing them to practice to their full capacity in Montana as they do in other rural states, as part of a physician/PA team, PA's will be able to offer Montana health care consumers, especially in the rural areas, medically underserved majority of the state, a workable solution to the current health care provider shortage. Exhibit 3.

Jesse Brown stated that prescriptive authority is absolutely necessary if PA's are going to staff satellite clinics or medical assistance facilities without placing themselves, their supervising physicians, and their local pharmacists in jeopardy. Exhibit 4.

Susan Cahill spoke of the education requirements necessary for PA's and supplied Exhibit 5.

Jim Aherns stated that the Montana Hospital Association has five experimental sites for medical assistant facilities which will be underway this coming year and the primary staff for these facilities could be PA's.

Darrell Espelin, M.D. stated that he and two PA's supplied the medical care for two counties in the southeast of Montana. Dr. Espelin stated that PA's have the training and ability sufficient to appropriately prescribe most medications.

William Duffield stated that midlevel health care is very important to rural Montana.

Rep. John Patterson stated that this bill will allow rural Montana access to medical care in rural communities that have limited medical personnel. Exhibit 6.

Chuck Butler spoke about the billing procedures in regard to the health service corporations. This legitimatized something that has been going on in the state for a number of years.

Rep. Roger Knapp stated that this bill was very much needed to help keep health care viable for rural Montana.

Jerry Loendorf stated that the strength of this bill is what it always has been - it allows the Board to take into consideration the training, experience of both the physician and physician-assistant, match those up and

make sure that they have good teams going out to serve the rural areas.

Barbara Booher stated that health care providers with a number of varying interests and backgrounds can work together to come up with solutions of some of the health care delivery problems we face in this state especially in the interest of rural health care.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Boharski asked Ms. Booher the difference between a physicians assistant and a nurse practitioner and she stated it was in the educational background.

Rep. Gould asked Dr. Espelin how we could promote PA's in Montana and Dr. Espelin stated that someone with a pioneering spirit would be interested

Rep. Simon asked Dr. Espelin about the statistics regarding rural areas versus large hospitals in acquiring physicians assistants and Dr. Espelin stated that large hospitals did indeed get the greater number of physicians assistants.

Closing by Sponsor: Senator Weeding closed on the bill.

DISPOSITION OF SB 26

Motion: Rep. Stickney made a Motion to DO PASS.

Recommendation and Vote: A vote was taken and all voted in favor. Motion carries.

HEARING ON SB 63

Presentation and Opening Statement by Sponsor:

Senator Hager stated that this bill was an act allowing creation of the position of executive secretary of the Board of Medical Examiners and establishing qualifications for the position.

Testifying Proponents and Who They Represent:

Jerry Loendorf, Montana Medical Association
Gene Huntington, Montana Dietetics Association

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3/1/89

NAME	PRESENT	ABSENT	EXCUSED
Stella Jean Hansen	✓		
Bill Strizich	✓		
Robert Blotkamp	✓		
Jan Brown	✓		
Lloyd McCormick	✓		
Angela Russell	✓		
Carolyn Squires	✓		
Jessica Stickney	✓		
Timothy Whalen	✓		
William Boharski	✓		
Susan Good	✓		
Budd Gould	✓		
Roger Knapp	✓		
Thomas Lee	✓		
Thomas Nelson	✓		
Bruce Simon	✓		

CS-30

STANDING COMMITTEE REPORT

March 2, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 26 (blue reference copy) be concurred in.

Signed: _____
Stella Jean Hansen, Chairman

[REP. _____ WILL CARRY THIS BILL ON THE HOUSE FLOOR]

490817SC.HBV

SB 24
Dan Wheeler

Letters of Endorsement for PA Law Reform (SB26)

Letters supporting MAPA's efforts to effect PA law reform have been received from a variety of groups and individuals including physicians, nurses, administrators, pharmacists, and others. This is a list of the individuals and organizations that have expressed their support as reflected in the attached letters.

Physicians

Montana State Board of Medical Examiners
John Patterson M.D., Montana Academy of Family Physicians (2)
John Patterson M.D., Medical Associates P.C., Bozeman
F. G. Scriver M.D., Billings
Steven Hufman M.D., Montana Academy of Family Physicians
Randale Sechrest M.D., Kootenai Orthopedics, Libby
Clyde Knecht M.D., General Surgery, Libby
Thomas Wendel M.D., Deer Lodge Clinic P.C., Deer Lodge
Gregory, Rice M.D., Libby Clinic, Libby
Randy Lovell D.O., Thompson Falls
Stephen Hufman M.D., Libby
Michael J. Shute M.D., Missoula Orthopedic and Sports Injury Clinic, Missoula
Stephen G. Powell M.D., Missoula Orthopedic Clinic, Missoula
William S. Shaw M.D., Work Care Billings Clinic, Billings
P. F. Henke M.D., Obstetrics and Gynecology, Libby
Kent Hoerauf M.D., Community Clinic, Baker
John J. Malloy M.D., Heights Family Practice Clinic, Billings
Glenne Gunther M.D., Libby Clinic, Libby
Frederick Scriver M.D., Huntley Project Family Medical Center, Worden
Eric M. Ridgway M.D., Deer Lodge
William A. Vessie M.D., Deer Lodge, Deer Lodge
James H. Armstrong M.D., Kalispell
R.D. Marks M.D., Missoula Community Physicians Center #2, Missoula

Nurses

Barb Magone R.N., St. John's Lutheran Hospital, Libby
Thomas Goyette R.N., St. John's Lutheran Hospital, Libby
Susan Horelick R.N. MSN, St. John's Lutheran Hospital, Libby
Donna Noller R.N., St. John's Lutheran Hospital, Libby
Gina Edgar R.N., St. John's Lutheran Hospital, Libby
Penny Watkins C.C.R.N., St. John's Lutheran Hospital, Libby
Sheila Clark R.N., St. John's Lutheran Hospital, Libby
Marlys Mongan R.N., St. John's Lutheran Hospital, Libby
Connie Boyd R.N., St. John's Lutheran Hospital, Libby
Luann Hirschkorn R.N., St. John's Lutheran Hospital, Libby
Marilyn Kanta R.N., Nursing Home Director, Rosebud Health Care Center, Forsyth
D. Gregory R.N., Director Nrsg Svcs, Rosebud Health Care Center, Hospital, Forsyth
Darlene Sharpe R.N., Nursing Home, Rosebud Health Care Center, Forsyth
Doris Keippelid R.N., McCone County Hospital, Circle
Sandra Quick R.N., McCone County Hospital, Circle
June Nelson R.N., McCone County Hospital, Circle
Daleen Johnson-Heitz R.N., McCone County Hospital, Circle
Karen R. Casterline R.N., McCone County Hospital, Circle

EXHIBIT 2
DATE 3-1-89
HB 24

Nurses (continued)
Sue Good-Brown R.N., McCone County Hospital, Circle
Jeannette Jensen R.N., McCone County Hospital, Circle
Deanna Logar R.N., Community Clinic, Baker
Mary Graham R.N., Community Clinic, Baker
Helen Jensen R.N., Community Clinic, Baker
Walter Sallani R.N. Director of Nurses, Fallon Medical Complex, Baker
Helen Hetland R.N., Fallon Medical Complex, Baker
Alice Schweigert R.N., Fallon Medical Complex, Baker
Marlys Susa R.N., Fallon Medical Complex, Baker
B. Mathisen R.N., Fallon Medical Complex, Baker
Sharlotte Beckers R.N., Fallon Medical Complex, Baker
Frances Zachmann R.N., Fallon Medical Complex, Baker
J. Fischer R.N., Fallon Medical Complex, Baker
Sandra Rueb R.N., McCone County Nursing Home, Circle
Gladys Wittman R.N., Huntley-Project Family Medical Center, Worden
Mary Eggum L.P.N., Huntley-Project Family Medical Center, Worden
Maxine Seckles R.N., Garfield County Health Center Inc., Jordan
Rita Amundson R.N., Garfield County Health Center Inc., Jordan
Janice Brown R.N., Garfield County Health Center Inc., Jordan
Lilly JohnstonR.N., Garfield County Health Center Inc., Jordan
Elsie Helm L.P.N., Garfield County Health Center Inc., Jordan
Freda Hensleigh L.P.N., Garfield County Health Center Inc., Jordan
Janet Clark R.N., Garfield County Health Center Inc., Jordan
Darlene Shawne L.P.N., Garfield County Health Center Inc., Jordan
Kathy Wankel R.N., Garfield County Health Center Inc., Jordan
Tammy Smith L.P.N., Montana State Prison, Deer Lodge
Kerry Williams L.P.N., Montana State Prison, Deer Lodge
Beverly Beck R.N. BS, Montana State Prison, Deer Lodge
Peg Rosenleaf Bartlett R.N., Montana State Prison, Deer Lodge
Ronald D. Floyd L.P.N., Montana State Prison, Deer Lodge
Lauraine Barrington L.P.N., Montana State Prison, Deer Lodge
Teri Hamel L.P.N., Montana State Prison, Deer Lodge
Carla Bielly R.N., Montana State Prison, Deer Lodge
Rona Meyer R.N., B.S.N., Director of Nurses, Dahl Memorial Hospital, Ekalaka
Dorothy Padden R.N., Dahl Memorial Hospital, Ekalaka
Bettie Bricham R.N., Dahl Memorial Hospital, Ekalaka
Garnee Erickson R.N., Dahl Memorial Hospital, Ekalaka
Patricia Keith R.N., Dahl Memorial Hospital, Ekalaka
Margaret Jardee R.N., Dahl Memorial Hospital, Ekalaka

Administrators
Joyce Assay, Administrator, Rosebud Health Care Center, Forsyth
James Paquette, President, Saint Vincent Hospital and Health Center, Billings
Rick Palagi, Director Physician Services, Saint Vincent Hospital, Billings
Melanie Reynolds, Executive Director, Planned Parenthood of Missoula, Missoula
Jinger Redd, Administrator, Kootenai Orthopedics, Libby
Nancy A. Berry, Administrator, McCone County Hospital, Circle
Sandra Kinsey R.N., Administrator/CEO, Fallon Medical Complex, Baker
David A. Watson, Physician Liason, Deaconess Medical Center, Billings
Joe Killham, President, McCone County Hospital Association, Circle
Kevin Ken Davis, Mayor, Town of West Yellowstone
Paul Longden, Administrator, Dahl Memorial Hospital, Ekalaka

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Pharmacists

Robert H. Likewise, Montana State Pharmaceutical Association, Helena
Dale F. Miller R.Ph., Billings
Theodor P. Walters R.Ph., Billings
Scott Nafts R.Ph., Billings
Walter B. Fellows R.Ph., Billings
Charles Balzarini R.Ph., Billings
Howard W. George R.Ph., Billings
G.M. Emerson R.Ph, Dahl Memorial Hospital, Ekalaka
Gerald Gamrath R.Ph., Lawler Drug, Baker
Todd Overton R.Ph., Rexall Drug, Baker

Others

Senator Pat Williams, U.S. Senate, Washington, D.C.
Kenneth A. Coulter, Board of County Commissioners, Garfield County
Joe McDowell, Vice President, Powder River Farm Bureau, Broadus
Diane Foster R.L.T., Heights Family Practice Clinic, Billings
Wilma Hoff, C.R.T., Heights Family Practice Clinic, Billings
Elmo Dreyer, Circle

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DEPARTMENT OF COMMERCE
BOARD OF MEDICAL EXAMINERS

TED SCHWINDEN, GOVERNOR

1424 9TH AVENU

STATE OF MONTANA

(406) 444-4284

HELENA, MONTANA 59620-04

January 27, 1989

MEMBERS OF THE SENATE
PUBLIC HEALTH, WELFARE &
SAFETY COMMITTEE
Capitol Building
Helena, MT

Re: Senate Bill 26 - Physician Assistant Legislation

Honorable Members:

You have requested that the Board of Medical Examiners state its position on certain significant portions of Senate Bill 26. The Board is happy to comply.

1. Section 1(5) "Supervision." The Board feels that the definition of "supervision," if amended, is acceptable, and the Board has no opposition. The Board's primary concern is to have actual, close supervision by an accountable licensed physician, This can be accomplished under the language: "Supervision means the exercise of control or direction over the services of a physician assistant-certified by a licensed physician. . . ."

However, the Board feels that the definition of "supervision" presently in force under Rule 8.28.1501(7), ARM, is even better: "Supervision" means communication between the physician's assistant and the supervising physician by telephone, radio, or in person as frequently as the board shall determine is necessary considering the location, nature of practice, and experience of the physician's assistant and the supervising physician."

One advantage of having such a definition placed in a rule, rather than a statute, is that it can be modified to meet the changing needs of Montana health care recipients and providers, without requiring the time and attention of the Legislature every two years. If the Legislature, however, wishes close control over this aspect of health care, the Board is content, and feels it can administer the physician assistant program under either definition set forth above.

2. Section 2. Licensing. The Board has no opinion and no objection to licensure--as opposed to certification--of physician assistants. The Board can administer the program irrespective of the title granted the P.A.'s.

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3. Section 7. Prescribing. Presently Rule 3.28.1509, ARM, expressly prohibits prescribing by physician assistants. Additionally, the Medical Practice Act at 37-3-102(1)(a) and the Pharmacy Practice Act at 37-3-103(1) and 37-7-401 appear to restrict prescribing privileges to licensed physicians (and dentists, podiatrists and osteopaths). It would thus appear that merely reversing Rule 3.28.1509 could not accomplish the task of granting physician assistants the supervised prescribing privileges set forth in Section 7 of SB26.

The Board has struggled with the concept of physician assistant prescribing on many occasions in the last few years. If all physician assistants worked in-house with physicians, the Board would probably take the position that a P.A. could prescribe so long as the prescription was then and there counter-signed by his supervising physician. However, over the years it has become apparent that the greatest contribution the physician assistants can make to health care in Montana is in the satellite facilities, such as Jordan, Broadus, and Ekalaka. These communities can neither attract nor pay a resident physician. They can and do support a physician assistant.

Oftentimes patients in these communities need basic antibiotics for a sore throat or a slightly stronger cortisone cream than they can buy over the counter. For them to travel 80 to 100 miles to a licensed physician to get that prescription is a hardship. For them to wait half an hour or more for the P.A. to get through to the supervising physician on the phone so the physician can call in a prescription is a hardship. For the supervising physician to take 15 to 20 phone calls a day for routine matters is a hardship. (Obviously, emergency phone calls are both made and taken immediately. Non-emergency matters may take substantially more time.)

The Board has heard of cases where lives were saved because the P.A. had the necessary drugs available to him in these remote regions. The Board has also heard that the pharmacists in these communities are understandably concerned about possible jeopardy to their own licenses if they fill prescriptions phoned in by physician assistants, even when generally authorized to do so by the supervising physician.

Therefore, the Board has slowly and cautiously come to the conclusion that if the physician assistants are to adequately respond to the health care needs of these communities, they must have some sort of prescribing authority. We believe a general authority is best provided for by statute, subject to definition and limitation by Rule or in the Utilization Plan, or both.

As written, Section 7 in the bill before you grants a general authority to the physician assistant, but provides certain limitations and safeguards to the exercise of that authority. The kind of drugs, the duration, the circumstances in which a

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drug may be prescribed, etc., would all be carefully detailed in the Utilization Plan, and specifically tailored to the educational background and experience of the P.A., as well as the degree of supervision provided by the physician. The prescribing would thus be "pre-approved," and would be further subject to restriction "subject to the discretion of the supervising physician." Regular, frequent retroactive review by the supervising physician would also be required under the Utilization Plan.

The Board feels that this kind of limited, closely scrutinized prescribing authority may well be the only viable alternative to provide timely health care to the many sparsely populated areas of the state which cannot maintain a licensed physician.

4. Section 8. Billing. The Board has no involvement in this aspect of physician assistant practice, and has no opinion on this section.

5. Section 10. P.A. Membership on Board. The Board has no objection to a physician assistant member in the limited capacity set forth. In the past, physician assistants have provided the Board with valuable input in connection with P.A. issues. The Board feels that the informal liaison used thus far is fully adequate, and that the added expense to the state of an additional Board member may not be necessary. However, the Board will work with whatever the Legislature mandates.

The Board strongly opposes any requirement that one member be a supervising physician. Given the changes that any one physician's practice may undergo, and the possible mobility of both physicians and physician assistants, any such requirement would be, practically speaking, nearly impossible to meet.

6. Section 16(5). Standardized forms. The Board feels that legislation is not required to accomplish these goals. Under present law the Board can establish standard minimum duties, to be uniformly incorporated into the particular Utilization Plans.

7. Section 20. Please see Paragraph 3 (re Section 7) above.

8. Section 21. Amendment to Nurse Practice Act. Under Section 37-20-202(2) the Board has authority to "address the issue of protocols for interaction of medical personnel with differing responsibilities." The Board addressed the issue in Rule 8.28.1507(1), ARM, stating: "A licensed health care practitioner who would normally be obligated to carry out the instructions of a licensed physician shall be professionally obligated to carry out the instruction of a physician's assistant when there is reasonable cause to believe or the practitioner knows that the instructions were given by or in consultation with

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the supervising physician."

The foregoing Rule speaks to the situation where the nurse, physician assistant and physician are all practicing together in the same facility. If the physician assistant is acting as messenger from the physician, the nurse must carry out the orders transmitted by the P.A. Under this Rule, it would appear that if the physician assistant generates his own treatment order (rather than merely act as the conduit for the physician), the nurse would not be allowed or required to execute it.

The Rule could be broadened to state simply that nurses must carry physician assistant orders just as they would a physician's (unless, of course, they had a good faith belief that the order would result in harm to the patient). If the Rule were so broadened, however, it would squarely conflict with Section 37-8-102(3)(a), which provides that the nurses are to "[administer] . . . the treatments prescribed by physicians, dentists, osteopaths, or podiatrists . . . ." By inference, nurses are <u>not</u> to administer the treatments of any other persons, including physician assistants. If they do, they violate the Nurse Practice Act. The term "physicians" in Section 37-8-102(3)(a) probably cannot be read to include physician assistants. Nowhere else in the Code are the two terms used synonymously, that the Board is aware of.

There thus appears to be a direct conflict between the two statements of law (Section 37-20-202 and Rule 8.28.1507 vs. Section 37-8-102). The requested amendment to Section 37-8-102 would eliminate that conflict.

The Board feels that in general any conflict between an individual physician assistant and nurse were best handled in-house, and deplores a situation where legislation may be required to keep peace in the family. However, the Board's primary concern is protection of the public and the smooth, efficient delivery of health care to patients in Montana. If, as stated above, a dispute were to arise where physician, physician assistant and nurse all worked in the same facility, it could easily be resolved by a word from the physician.

However, if the physician assistant and nurse are working in a setting where the supervising physician is not on the immediate premises, it is necessary for a nurse to have permission under his or her own practice act to carry out the treatment ordered by the physician assistant, without having to call the supervising physician for an okay. Health care in Montana would suffer if a patient were required to sit shivering on an examining table in West Yellowstone, while the nurse calls the supervising physician for authority to swab a throat for a strep test ordered by the P.A.

As stated above, the Board feels that for health care to be provided efficiently in satellite facilities (as well as in more

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urban centers), the conflict between the two statements of law should be resolved. The Board also feels that such a policy decision will affect the whole state of Montana, and is therefore the prerogative of the Legislature. If the Legislature chooses not to act, it is possible that the matter will have to be resolved by the judiciary, on the limited evidence available in some isolated lawsuit. The fuller information available to a Legislature puts it in a better position to make the judgment call required here.

If the Committee or the Legislature has any further question regarding the Board's position on this bill, the Board will be happy to respond in further detail.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

Thomas J. Malee, M.D. /PLE

THOMAS J. MALEE, M.D.
PRESIDENT, EXECUTIVE SECRETARY

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Family Practice

Norman A. Fox, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

John S. Patterson, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Robert J. Flaherty, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Leonard R. Ramsey, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Medical Associates, P.C.
A Professional Corporation
SEVEN EAST BEALL, BOZEMAN, MONTANA 59715
PHONE: 406-587-5123

Pediatrics

Paul H. Visscher, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

Eric Livers, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

James R. Feist, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

September 10, 1988

Mr. Paul Wheeler, President
Montana Academy of Physicians' Assistants
808 Milwaukee
Deer Lodge MT 59722

Dear Mr. Wheeler:

Although I am a bit delayed in getting this out to you, I wanted to further elaborate on Dr. Steve Hufman's letter to you of 7/29/88 in support of the M.A.P.A.'s efforts to change legislation relative to physicians' assistants in Montana.

As I hope you are aware, the Montana Academy of Family Physicians is in support of your efforts. Although your initial proposals presented to us at the MAFP meeting at Fairmont in June were at a too nonspecific stage to support, we will be glad to review and consider supporting any piece of legislation you ultimately prepare to present to the legislature.

Please keep in touch through the year relative to your efforts in this regard and how we might help you.

Sincerely,

John S. Patterson, M.D.

JSP/cbr

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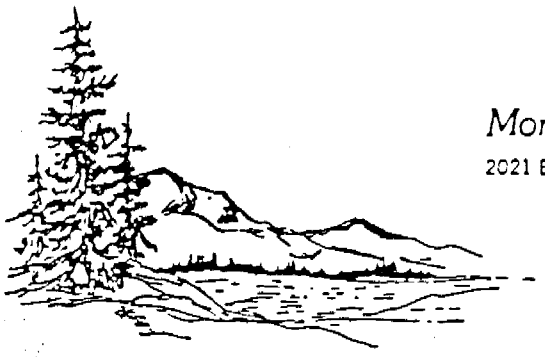

Montana Academy of Family Physicians

2021 Eleventh Avenue Helena, Montana 59601

7 East Beall Street
Bozeman, Montana 59715

January 30, 1989

Chairman,
Senate Committee on Public Health
Montana State Senate
Capitol Hill
Helena, MT 59601

RE: SB-26 "PA Reform Bill"

Dear Sir:

Please consider this letter as testimony for SB-26, the "PA Reform Bill," from the Board of the Montana Academy of Family Physicians.

The Montana Academy of Physicians Assistants has been working with the Board of the Montana Academy of Family Physicians (MAFP) over the past several months relative to their legislative proposals. During this time they have kept us informed as to the progress of their proposals and given us the opportunity to express our concerns with their bill and have addressed those concerns. They have also kept us informed of progress of meetings with other groups including the MMA, MNA, and the State Board of Medical Examiners.

As Family Physicians, and by nature the physicians most likely to interact with Montana's Physician's Assistants, we have felt a significant need to be aware of, have input regarding, and to be supportive of the Physician's Assistants legislative proposals. For many of the Family Physicians in the state their relationship with a Physician's Assistant is vital to their ability to practice, especially in rural areas. Likewise, we feel that Physician's Assistants are, and will become increasingly, important to provision of medical care in the more remote areas of the state to which one or more physicians cannot be attracted. In both of these situations it is important that the Physician's Assistants be allowed to function to the extent of their training, always knowing that they will be doing so as an extension of their supervising physician, under the regulation of the Board of Medical Examiners, rather than as independent practitioners.

Several issues relating to the Physician's Assistants' bill apparently need further clarification from the MAFP standpoint.

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1) We feel that prescriptive privileges for the P.A.'s are important to allow them to function to their level of training in our practices. The MAFP understands that the prescriptive authority which the Board of Medical Examiners may convey upon the P.A.'s can only be done if the Board is given statutory authority to do so. If the Public Health Committee will grant the power to the Board of Medical Examiners to initiate and regulate P.A. prescriptive practices, MAFP believes that the self-imposed statutory restrictions that SB-26 proposes, along with the regulatory control of the Board, and the statutorily mandated control by the supervising physician will provide the necessary control over P.A. prescribing practices.

2) The capacity for billing and being reimbursed for P.A. services will be vital to the provision of care in rural areas of Montana. SB-26 assures that no independent billing by P.A.'s will occur.

3) The MAFP recognizes the current conflict between the R.N.'s and P.A.'s and hopes for some resolution to this ongoing conflict. We feel that the P.A.'s, as an extension of their supervising physician, should be allowed to initiate and transmit patient treatment and medication orders to be carried out by professional nurses.

4) The MAFP supports the concept of licensing P.A.'s in the state, acknowledging the credibility, authority, and responsibility given the P.A.'s by granting them licensure status. In particular, licensing would apparently facilitate the Board of Medical Examiners' work in allowing already licensed P.A.'s to do locum tenens work and help address the R.N.'s concern about taking orders from "non-licensed" providers. P.A.'s apparently currently meet the criteria for licensing, however the Board of Medical Examiners does not yet have the legislated authority to grant them licenses. Given the mandated dependent relationship between P.A.'s and their supervising physicians and the regulation of P.A.'s by the Board of Medical Examiners we do not feel that licensure will lead to independently practicing Physician's Assistants.

In summary, the Board of the Montana Academy of Family Physicians support SB-26 and would hope that our comments will prove helpful to the committee's deliberations.

Sincerely,

John S. Patterson, M.D., President
Montana Academy of Family Physicians

JSP/cbr

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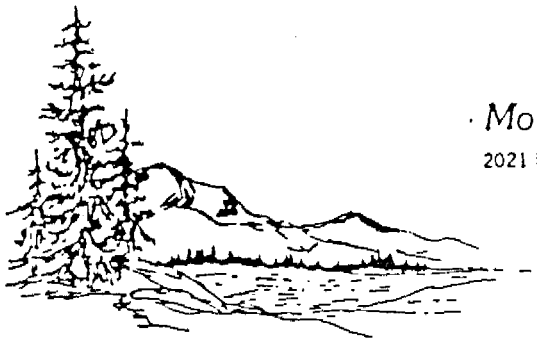

Montana Academy of Family Physicians
2021 Eleventh Avenue Helena, Montana 59601

December 9, 1988

G. Brian Zins
Executive Director,
Montana Medical Association
2021 Eleventh Avenue
Helena, MT 59601-4890

Dear Mr. Zins:

This letter is in response to your request of 11/29/88 for a summary of the Montana Academy of Family Physician's position relative to the Montana Academy of Physician Assistant's proposed legislation.

This legislation was first introduced to the Montana Academy of Family Practice in its early stages at one of our business meetings at the MAFP Scientific Assembly at Fairmont in June, 1988. At that time the consensus of the Academy was that we supported the Physician Assistants in their efforts toward legislative change. At that point, their proposal lacked specific suggestions for legislative reform. Therefore, only a general letter of support was forwarded to them with the intention of reviewing any specific legislative proposals when available.

The Draft Bill, LC 21 of 10/26/88, was distributed by me to the MAFP board members with comment from the board members then specifically taken into consideration and clarified with Jim Reid, P.A. and Steve Hufman, M.D. (MAFP Vice-President and liaison with M.A.P.A.). I have not seen a more recent draft than that of 10/26/88.

Although we have not been able to spend exhaustive time or resources nor sought legal counsel relative to specifics of the legalities of the proposals, the Board, speaking for the Academy, does support the legislative reforms proposed by the Physician Assistants.

Jim Reid, P.A. very well outlines the reasons for the legislative reforms in his article, "The Rationale for Reform." As family physicians and as physicians most often linked to P.A.s - we are, all too keenly, becoming aware of the health care crisis facing rural Montana. Typical examples of the importance of P.A.s include (a) those communities where a solo family physician must rely heavily on a P.A. for office and call coverage if he is to survive and, (b) certainly an area like West Yellowstone where the community would be without any medical care if it were not for the P.A.

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We see the legislative reforms being proposed as a way to allow P.A.s to perform optimally as trained - not as "mini-docs" - rather as true physician extenders under the supervision of and directly responsible to their attending physician. That supervision, following a utilization plan approved by the Board of Medical Examiners, is the critical factor in making this work. Their proposals for prescribing privileges, direct billing, and licensure are apparently an integral part of their being able to function as their supervising physicians would have them. Also, the Physician Assistants understandably do desire a seat on the Board of Medical Examiners for themselves as well as a supervising physician. This stems directly from a desire to be represented as well as and, perhaps more importantly, understood.

Although I can not speak to necessarily all the questions the Legislative Committee the MMA might have regarding education, licensing, etc., the Academy does support their efforts in expanding their role in the state. They are seen as a vital extension of - rather than a threat to - organized medicine. If the Montana Academy of Family Physicians can be of further assistance to the MMA in its consideration of the legislative reform proposals, please let me know.

Sincerely,

John S. Patterson, M.D., President
Montana Academy of Family Physicians

JSP/cbr

cc: MAFP Board Members
Jim Reid, P.A.

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Nov 27/1988
Dr.F.G. Scriver
935 Lk. Elmo
Billings MT.
59105

Mr. Paul Wheeler PA-C,President,
Montana Academy of Physician Assistants,
P.O. Box 307
Deer Lodge, MT. 59722.

Dear Mr. Wheeler,

It has come to my attention that your organization is pursuing changes is the current legislation regulating the utilization of of physician assistants in this state.

To the degree that this change would "level the playing field" as compared to other states I am supportive of this change.

I am aware of the limiting nature of Montana laws concerning physician assistaant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision. PAs can provide the kind of quality health care I can support and Montana desperatly needs.

As a physician concerned about the delivery of quality health care in rural Montana, I support your efforts.

Sincerely,

F.G. Scriver M.D.

EXHIBIT 2
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Montana Academy of Family Physicians
2021 Eleventh Avenue, Suite 12 Helena, Montana 59601

07-29-88

Mr. Paul Wheeler, President
Montana Academy of Physician Assistants
808 Milwaukee
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

As acting liason to your organization, I would like to offer our support in your pursuits to upgrade the Montana laws concerning the utilization of Physician Assistants. MAFP agrees in concept with changes to the current law which would allow better utilization of physician assistants in the state.

The rural nature of Montana is well suited to the health care team approach effected when physicians and physician assistants work together to provide care in small, rural, underserved areas. The fact that in some areas of the state, the need for medical care is reaching crisis proportions clearly defines the need for reform in the current laws. Physician assistants have been shown in the past to be quality health care providers and well suited to rural communities that cannot support or attract physicians. We believe as you do, that if Montana laws can be revised to allow physician assistants (PAs) to function to their full capacity, PAs will provide a viable answer to our rural, medically underserved communities.

In the coming months I will be glad to work with MAPA to assure that the legislative reform package your organization adopts will be one that MAFP can continue to endorse and one that can be successfully presented to the legislature in 1989.

Sincerely,

Stephen L. Hufman, M.D.
Vice-President, MAFP

SH/jr

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KOOTENAI ORTHOPAEDICS
Randale C. Sechrest, M.D.
Surgery of the Musculoskeletal System

401 Louisiana Avenue
Libby, Mt. 59923

Telephone
(406)293-8731

November 16, 1988

Mr. Paul Wheeler, PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler;

I am writing in regards to the efforts of your organization to pursue changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

I have been fully educated at to the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the the health care team, working with physician supervision, PAs can provide the kind of quality health care desperately needed in the state of Montana.

As an orthopedic surgeon concerned about the delivery of quality health care in rural Montana, I support your efforts.

Sincerely,

Randale C. Sechrest

RCS/jbr

EXHIBIT 2
DATE 3-1-89
HB 26

CLYDE A. KNECHT, M.D.

GENERAL SURGERY

403 UTAH AVE. • LIBBY, MONTANA 59923 • TELEPHONE 293-8321

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for James Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Clyde Knecht MD

cc: MAPA

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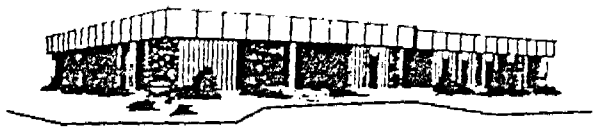
DEER LODGE CLINIC, P.C.
FRANCIS L. BERTOGLIO, M.D.
ERIC RIDGWAY, M.D.
THOMAS H. WENDEL, M.D.

(406) 846-1722



PROFESSIONAL PLAZA
1101 Maryland Avenue
Deer Lodge, Montana 59722

CLINIC DENTAL OFFIC
GARR T. PHELPS, D D
D.G. HIESTERMAN, D D

(406) 846-1818

PHYSICAL THERAPY
J. PATRICK McGILLIS, R

(406) 846-1991

November 29, 1988

Board of Medical Examiners
State of Montana
Mitchell Building
Helena, Montana 59601

Dear Ladies and Gentlemen of the Board:

I strongly encourage you to support the proposed legislation of the Montana Academy of Physician Assistants.

These changes, as outlined in their bill, will provide significant expansion of our ability to deliver quality health care, particularly in rural Montana. Having worked with Physician Assistants in other states under state rules very similar to the MAPA's proposed legislation, I have had first-hand experience in seeing efficient, high quality care delivered with Physician Assistants.

Presently, I supervise two Physician Assistants and expect in the years to come to use more as the ability to attract M.D.'s to rural areas becomes more difficult.

Please take the time to review their proposed legislation, as I have. It is a sound piece of legislation which will greatly expand our abilities to provide efficient quality health care to the citizens of Montana, particularly in those rural areas and other situations where it has been difficult to attract and keep M.D. providers.

Once again, I strongly encourage you to support this legislation. If I may be of any help or answer any questions concerning this legislation or my function and responsibilities with Physician Assistants, both in the past and in my present practice in Deer Lodge, Montana, and at the Montana State Prison, please do not hesitate to let me know. If I could help you most by meeting with you in Helena, I would be happy to try and make an arrangement.

Sincerely yours,

Thomas H. Wendel M.D.

THW:bk

Thomas H. Wendel, M. D.

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LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE
AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Michael Gatzke PA-C. Mr. Gatzke's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Gregory A. Rice

cc: MAPA

EXHIBIT 2
DATE 3-1-89

211 EAST 2ND LIBBY, MONTANA 59923 TELEPHONE (406) 293-8711

RANDY J. LOVELL, D.O.
Box 969
Thompson Falls, MT 59873
(406) 827-4307

November 28, 1988

Montana Board of Medical Examiners
1424 - 9th Avenue
Helena, MT 59620

Dear Members of the Board:

I have a family practice clinic in Thompson Falls, Montana and, as you know, I am a supervising physician for Harvey Fry, PA. Mr. Fry's organization, the Montana Academy of Physician Assistants, is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

RJ Lovell DO

Randy J. Lovell, D.O.

RJL:lsp

cc: Harvey Fry

EXHIBIT 2
DATE 3-1-89

STEPHEN L. HUFMAN, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for James Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Steph Hufmon MD

cc: MAPA

211 EAST 2ND LIBBY, MONTANA 59923 TELEPHONE (406) 293-7791

EXHIBIT 2
DATE 3-1-89
HB 26

MISSOULA ORTHOPAEDIC AND SPORTS INJURY CLINIC
MICHAEL SCHUTTE, M.D.

November 29, 1988

Montana Board of Medical Examiners
1424 - 9th Ave.
Helena, MT. 59620

Dear Members of the Board:

As you are aware, both Dr. Stephen Powell and myself are supervising physicians for Jerry J. King, PA-C. Mr. King's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you be aware that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best Regards,

MICHAEL J. SCHUTTE, M. D.

2825 FORT MISSOULA ROAD • MISSOULA, MONTANA 59801 • (406) 728-6101

EXHIBIT 2
DATE 3-1-89
HB 26

MISSOULA ORTHOPAEDIC CLINIC

Fort Missoula Physician Center — 2825 Fort Missoula Road — Missoula, Montana 59801 — 406/728-6101

November 29, 1988

Montana Board of Medical Examiners
1424 - 9th Ave.
Helena, MT. 59620

Dear Members of the Board:

As you are aware, I am a supervising physician for Jerry J. King, PA-C. Mr. King's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you be aware that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best Regards,

STEPHEN G. POWELL, M. D.

STEPHEN G. POWELL, M.D., P.C.
Orthopaedic Surgery
Surgery of the Hand

MICHAEL J. SCHUTTE, M.D., P.C.
Orthopaedic Surgery
Medicine Sports

EXHIBIT 2
DATE 3-1-89
HB 26

Work Care
A Service of The Billings Clinic
Occupational Medical Services for the Workplace

ALLERGY
L Bruce Anderson Jr MD
Kathleen C Davis MD
DERMATOLOGY
Thomas F Gormley MD
Albert C Reynaud MD
FAMILY PRACTICE
Brian C Wang MD - Heights
Jackson T Bradshaw MD - Heights
William B Brooks Jr MD - Red Lodge
James J Kane MD - Red Lodge
Benjamin R Kalas MD - Red Lodge
David I McLaughlin MD - Red Lodge
Timothy C Weil MD - Red Lodge
Larry W Sonnenberg MD - Red Lodge
IMMEDIATE CARE
Gene V Holden MD
John J Flint MD
INTERNAL MEDICINE
Allen Lee Gooding MD PC
George R Brecsus MD
Paul V Hoyer MD
Lucinda M Hruby MD
Barry M Hochhalter MD
Robert B Kerr MD - Red Lodge
CARDIOLOGY
Warren C Degnan MD
John R Burg MD
Herman D Sorensen MD
ENDOCRINOLOGY
Martin E Adolph MD
GASTROENTEROLOGY
John C Fries MD
Mark C Putnam MD
HEMATOLOGY ONCOLOGY
Warren D Bowman Jr MD
Wilderness and Mountain Medicine
Donald I Twito MD
Roger G Sarkisian MD
INFECTIOUS DISEASES
Ronald H Smith MD
NEPHROLOGY
Donald L Hicks MD
James D Knostman MD
PULMONARY AND
CRITICAL CARE MEDICINE
Nicholas J Worter MD
Frederick W Kann MD
RHEUMATOLOGY
Philip E Griffin Jr MD
Susan C English MD
NEUROSCIENCES
NEUROLOGY, ELECTROMYOGRAPHY &
ELECTROENCEPHALOGRAPHY
Dale M Peterson MD
Patrick J Cahill MD
Roger S Williams MD
NEUROLOGICAL SURGERY
Robert C Adee MD
Lakshman W Soriya MD
PSYCHOLOGY
Robert E Tompkins Ed D
William P Bredemeier Ph D
OBSTETRICS AND GYNECOLOGY
William H Deschner MD PC
Thomas C Olson MD PC
Mark E Rendon MD
James R Harris MD
Janet L Dorrier MD
OCCUPATIONAL AND PREVENTIVE MEDICINE
William S Shiva MD
OPHTHALMOLOGY
James S Gould MD PC
James H Olson MD
James T Priddy MD
Mark P Reynolds OD
ORTHOPEDICS
William J Hall MD
James E Scott MD PC
James F Schwarten MD
Raeburn M Jensen MD
Robert S Schultz MD
OTOLARYNGOLOGY - HEAD AND NECK SURGERY
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
Stephen A Kramer MD
Sherri L Post MD
PEDIATRICS
Allen P Hartman MD
Patrick Sauer MD
Paul H Kehm MD
Fred E Gumrie MD
Linda R Johnson MD
GENERAL THORACIC, CARDIAC
AND VASCULAR SURGERY
John W Heizer MD PC
O Adrian Johnson MD PC
Hewes D Agnew MD
Paul F Grmolez MD PC
Robert N Hoyt MD
John P Gregory MD
J Scott Millican MD
Jeffrey L Stone MD - Red Lodge
UROLOGY
C Dale Vermillion MD
Richard B Meyer MD
RADIOLOGY
Jerry D Jent MD
V Paul Johnson MD
Dean A Brostrom MD
Larry Herbert MD
MEDICAL DIRECTOR
John W Heizer MD
ADMINISTRATION
Steven E Kugler
John D Jones

November 28, 1988

Thomas Malee, M.D., President
Montana Board of Medical Examiners
1424 Ninth Avenue
Helena, MT 59620

Dear Dr. Malee:

Since 1985, I have had the pleasure of serving as preceptor for David P. Johnson, PA/C. My experience with mid-level practitioners, however, extends back to 1974. Since that time, I have had essentially continuous experience with nurse practitioners and physician assistants. This experience has taken place in four different states including Utah, Washington, Texas and Montana.

Uniformly, I have found nurse practitioners and physician assistants to be dedicated and conscientious professionals. The care they have delivered to my patients has been of the highest quality. I have been particularly impressed with the judgment displayed in managing clinical situation. Mr. Johnson, my present associate, displays these same qualities and characteristics to a very high degree.

For the past year, I have been aware of the Montana Academy of Physicians Assistants' efforts to reform the current PA practice act in the state of Montana. I am further aware of the efforts at obtaining limited prescriptive authority for physician assistants. I strongly support this group in its efforts. Having practiced in Washington state where such prescriptive authority is granted, I have seen first-hand that patient care has not suffered in the least and practice efficiency has been improved.

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DATE 3-1-89
HB 26

The Billings Clinic
2825 8th Avenue North
P.O. Box 35100
Billings, MT 59107-5100
406-256-2500

Heights Branch
300 Wicks Lane
P.O. Box 35304
Billings, MT 59107-5304
406-256-2575

Red Lodge Branch
30 South Oakes
P.O. Box 1130
Red Lodge, MT 59068
406-446-2312

Columbus Branch
4th Avenue & A Street
P.O. Box 239
Columbus, MT 59019
406-322-4342

M8007

I encourage you and the board to endorse MAPA efforts during the upcoming legislative session. If I may be of assistance to you in this matter, please feel free to call upon me.

Sincerely,

WILLIAM S. SHAW, M.D.
DIRECTOR
OCCUPATIONAL MEDICINE SERVICES

lp

EXHIBIT 2
DATE 3-1-89

P. F. Henke, M.D.
Obstetrics and Gynecology
401 Louisiana Avenue
Libby, Montana 59923
(406) 293-8731

November 28, 1988

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620

Dear Members of the Board;
As you know I am a supervising physician for Jim Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants, is pursuing legislative reform of the current PA practice act.

I though it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

P.F. Henke, M.D.

cc: MAPA

PFH/mh

EXHIBIT 2
DATE 3-1-89
HB 26

COMMUNITY CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

November 30, 1988

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620

Dear Members of the Board,

I am Kent Hoerauf, M.D., Internist, currently practicing out of the United Clinic in Hettinger, North Dakota. As a physician at United Clinic, I travel to satillite clinics, including Baker, Montana. I have become informed of recent legislative consideration regarding extension of privileges and responsible health care for Montana PA's. Part of the United Clinic's system involves multiple satillite clinics. I am personally responsible for a PA in Lemmon, South Dakota and am an alternate physician in charge of a PA in Ekalaka and Baker, Montana, Dan Davis and Marilyn Nona, respectively. As a practicing physician in rural North Dakota and Montana, I am keenly aware of physician shortage and the enormous need for health care providers in rural areas. It is my personal experience of the past four years, that it is extremely difficult to recruit physicians in rural areas. Physician Assistants have been extremely valuable in acting as physician extenders to maintain health care continuity in delivering care in shortage areas.

I have reviewed recent legislative proposals with my PA's. I think the physician has a personal responsibility to become familiar with the clinical judgement and expertise of their individual PA's. I think that if this is accomplished, it would be valuable for the PA's to have the ability to prescribe medications. I agree that this should be limited to medications other than Control Class II medications. I think it is important that PA's be able to provide orders for hospital admission and act independently with review by the physician within a reasonable period of time. I think that it would be necessary to file protocols. It is the responsibility of each individual physician in charge of a PA to be comfortable with their PA's capabilities, as individual PA experiences tend to vary in

EXHIBIT 2
DATE 3-1-89

nature, procedures, etc. I think it would be reasonable to have basic guidelines, but important not to restrict interaction between individual PA's and their responsible physicians.

In summary, I feel that current legislative proposals are reasonable in that it allows PA's to act more fully in the role of physician extender and that I think emphasis should be on the individual physician responsibility in monitering PA activities with certain state guidelines. It is also reasonable that PA's should write orders to initiate patient care and that these would be followed up on by the physician within a reasonable length of time.

Sincerely,

Kent Hoerauf, M.D.

KH/srn

EXHIBIT 2
DATE 3-1-89
HB 26

Heights Family Practice Clinic
935 Lake Elmo Road
Billings, Montana 59105
(406) 657-7674

JOHN J. MALLOY, M.D.

November 29, 1988

Montana Board of Medical Examiners
1424 9th Ave.
Helena, Mt. 59620

Dear Members of the Board:

I understand that the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I would like to endorse these efforts inasmuch as these changes would bring PA's up to the level of those in surrounding rural states. I believe that the utilization PA's in rural Montana would enhance health care in these areas. The maldistribution of physicians is likely to continue in spite of oversupply in urban areas and I think the PA is well suited to fille that gap.

Sincerely,

John Malloy, MD

John J. Malloy, M. D.

JJM/mw

cc: Mr. Paul Wheeler PA-C
President MAPA
P. O. Box 307
Deer Lodge, Mt. 59722

EXHIBIT 2
DATE 3-1-89
HB 26

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

Montana Board of Medical Examiners
1424 9th Ave.
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Ken Bogart PA-C. Mr. Bogart's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

Glenne Günther, MD

cc: MAPA

211 EAST 2ND LIBBY, MONTANA 59923 TELEPHONE (406) 293-8711

EXHIBIT 2
DATE 3-1-89
HB 26

HUNTLEY-PROJECT
Family Medical Center

John J. Malloy, M.D.
Fred G. Scriver, M.D.
Randy Spear, Physician Assistant

November 29, 1988

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Randy Spear, PA-C. Mr. Spear's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

Frederick G. Scriver, MD

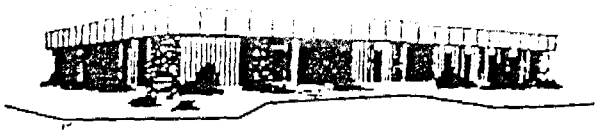
FGS:sls

Box 246, Worden, MT 59088, 406-967-2255

EXHIBIT 2
DATE 3-1-89
HB 26

DEER LODGE CLINIC, P.C.
FRANCIS L. BERTOGLIO, M.D.
ERIC RIDGWAY, M.D.
THOMAS H. WENDEL, M.D.

(406) 846-1722



PROFESSIONAL PLAZA
1101 Maryland Avenue
Deer Lodge, Montana 59722

CLINIC DENTAL OFFICE
GARR T. PHELPS, D.D.S.
D.G. HIESTERMAN, D.D.S.
(406) 846-1818

PHYSICAL THERAPY
J. PATRICK McGILLIS, R.P.T.
(406) 846-1991

December 1, 1988

Board of Medical Examiners
State of Montana
Mitchell Building
Helena, Montana 59601

Dear Sirs:

I have been professionally involved with Physician Assistants in my personal practices in Wyoming and Montana for over 5½ years.

During this period of time, I have been involved with six (6) Certified Physician Assistants, all of whom have been knowledgeable, caring and competent.

I have seen these individuals make significant impacts on the health care of communities in which they have served. Their contributions to the health care delivery system is particularly important in rural states such as Montana.

I have seen the proposals put forth by the Montana Academy of Physician Assistants and believe that they are necessary and reasonable. I urge your support of this proposal and hope that you will elect to defend them in the upcoming legislative session.

Thank you for your consideration in this matter.

Respectfully,

Eric M. Ridgway, M. D.

EMR:bk

EXHIBIT 2
DATE 3-1-89
HB 26

McCONE COUNTY NURSING HOME

205 SULLIVAN
P.O. BOX 198
CIRCLE, MONTANA 59215
(406) 485-3381

January 18, 1989

Dear Mrs. Kasten:

I understand the vote regarding SEnate Bill 26 concerning the practice of PHysician Assistants will be held soon. I would like to express my support for this bill.

Considering the problems facing many small hospitals and communities in Montana in regard to health care, I think approval of this bill would greatly ease the situation. The Physician Assistant and Medical Assistance Facility concepts are the most promising solutions I have seen. However, physician assistants must be given a broader base of responsibility in order for their services to be utilized to have the greatest impact--especially in the following areas:

prescription writing privileges
amendments to the Nurse Practice Act to allow nurses to carry out orders directed by the Physician Assistant
reimbursement by medicare, medicaid and private insurance

I urge you to positively consider this bill and I thank you for your time in considering my opinions.

Sincerely,

Sandra Rueb RN, DON

Sandra Rueb, RN
Director of Nursing

EXHIBIT 2
DATE 3-1-89
HB 26

HUNTLEY-PROJECT
Family Medical Center

John J. Malloy, M.D.
Fred G. Scriver, M.D.
Randy Spear, Physician Assistant

October 14, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Mary Eggum LPN.

Mary Eggum, LPN
Licensed Practical Nurse

Gladys D Wittman RN

Gladys Wittman, RN
Registered Nurse

ME/GW: slg

Box 246, Worden, MT 59088, 406-967-2255

EXHIBIT 2
DATE 3-1-89
HB 26

Garfield County Health Center, Inc.

P.O. Box 389, Jordan, Montana 59337

Members of Presentation Health System

PACE Shared Services
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKennan Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

St. Luke's Hospital
Aberdeen, South Dakota

Faulk County Memorial Hospital
Faulkton, South Dakota

Marshall County Memorial Hospital
Britton, South Dakota

St. Joseph Hospital
Polson, Montana

Dickey County Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

September 27, 1988

Mr. Paul Wheeler P.A.-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PA's) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PA's to function to their full capacity. As competent members of the health care team, working with physician supervision, PA's can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,
The Nursing Staff of Garfield County Health Center

Marjorie Sutton RN
Lisa Christensen RN
Janice Swanson R.N.
Judy Johnston RN
Linda Wm RN
Freda Hensleigh L.P.N.
Janet Clark RN
Barbara Shawn RN
Kathy Wankel R.N.

EXHIBIT 2
DATE 3-1-89
HB 26

DEPARTMENT OF INSTITUTIONS
MONTANA STATE PRISON

TED SCHWINDEN, GOVERNOR

STATE OF MONTANA

(406) 846-1320

DEER LODGE, MONTANA 59722

August 15, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
808 Milwaukee
Deer Lodge, Montana 58722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Kerry Williams RN
Beverly Beck RNBS
Peg Bartlett, RN (Rosenleaf)
Laurine Barrington, RN
Teri Hamel RPN

EXHIBIT 2
DATE 3-1-89

Deer Lodge, Montana
November 1, 1988

TO WHOM IT MAY CONCERN:

I am writing in support of the Montana Academy of Physician Assistants' current efforts to reform the physician assistant laws in Montana via legislative reform bill LC21.

I am a Registered Nurse with an Associate Degree from MSU. In addition to being a homemaker and mother, I have worked as a nurse in emergency services, treatment and I.V., doctor's offices (OB-GYN, Vascular Surgery), home health care, and at Warm Springs State Hospital on a research project for the influenza vaccine. I have worked in California, Colorado and primarily Montana. For the past five and a half years, I have worked full time as a correctional nurse at Montana State Prison.

I review my work record in support of a conviction that has grown through these life and nursing experiences that there is a place and a need in our profession for extended health care givers from all modalities. In particular, if we are to uphold the basic nursing concept of responding to the health care needs of our patients and fulfill our role of patient advocate, we must work toward expanding and utilizing alternative health care services.

I have had the opportunity of working closely with two Physician Assistants in my experience at Montana State Prison--one for three years, and the other for one and a half years. These P.A.'s have been an integral part of our efforts to upgrade the delivery of health care at M.S.P. With a current census of approximately 1000 inmates, the prison can be compared to a rural community in terms of the health needs of adult male felons.

Under the supervision of a full time sponsoring physician, our two P.A.'s deliver good quality midlevel health care. They provide a valuable contribution to the on-going health care of our clientele by way of physical examinations, minor surgical procedures, routine diagnostic tests, preliminary diagnoses, treatment plans, and response to emergency situations. They are essential members of our health care team, functioning within their skill levels and as a valuable resource for our nursing personnel to assure comprehensive quality patient care.

It is my hope that with passage of the current P.A. legislative efforts, more P.A.'s will join with Montana's nurses in bringing progressive health care to the residents of our state.

Sincerely,

Peg Bartlett, R.N.

Peg (Rosenleaf) Bartlett, R.N
First Shift Leadworker

EXHIBIT 2
DATE 3-1-89

Saint Vincent Hospital and Health Center

November 21, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

Saint Vincent Hospital and Health Center would like to go on record as supporting your organization and its efforts to bring positive changes in Montana's current legislation regulating the utilization of physician assistants in this state.

Saint Vincent Hospital has been involved with supporting rural health care for quite a few years. Our experience with physician assistants in rural settings has been a very positive one. Saint Vincent Hospital shares your interest in pursuing changes to the current laws which will allow PAs to function to their full capacity in areas which physicians cannot be easily placed. As competent members of the health care team working with physician supervision, PAs can continue to provide the kind of quality health care many areas of Montana desperately need.

As an administrator concerned about the delivery of quality health care in rural Montana, I support your efforts,

Sincerely,

James T. Paquette
President

JTP/ge

We touch your life.

EXHIBIT 2
DATE 3-1-89

Physician Services

November 18, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

I would like to go on record with your organization as strenuously supporting your efforts to change current legislation relating to the utilization of physician assistants in this state.

With over ten years of experience in hospitals and health care in Idaho and Montana, and close to three years as a consultant to physicians and physician groups in rural areas, I am acutely aware of the need and value of qualified physician assistants in these areas. As the recruitment and retention of qualified physicians becomes an ever increasing problem, the ability for physician assistants to practice to the limit of their abilities becomes more and more critical.

In particular, several of your suggested changes to the current legislation make immediate sense to me and, I believe, would impact the delivery of rural health care in a positive fashion. Specifically, I support the placement of a supervising physician on the Board of Medical Examiners. The establishment of prescribing and dispensing of authority is a proposal whose time has come particularly in Montana with the proposed medical assistance facility as a practical solution for many rural hospitals. It also makes sense that third party carriers accept billing from physician assistants. Finally, the proposal to provide a mechanism whereby a P.A. could do locum tenens work is a rational proposal with positive benefits to many rural delivery sites in the state.

In summary, the proposed changes to current legislation are needed. As competent members of the health care team working with physician supervision, P.A.s can provide the kind of quality health care I can support and Montana desperately needs.

Sincerely,

Rick

Rick Palagi
Director, Physician Services

RP/lm

Saint Vincent Hospital and Health Center
P.O. Box 35200, Billings, Montana 59107-5200
406 657-8720

EXHIBIT 2
DATE 3-1-89
HB 26

Planned Parenthood
of Missoula

July 18, 1988

Jim Tavery, Administrator
Powder River Manor
P.O. Box 70
Broadus, MT 59317

Dear Mr. Tavery,

Planned Parenthood of Missoula uses Physician Assistants in providing family planning services in Western Montana. Our clinic holds a Class IV facility pharmacy license. Under this license, any legend drugs dispensed must be packaged, labeled and prepared by a registered pharmacist. This standard prohibits commercially prepackaged prescriptive contraceptives, which are medically prescribed by a licensed physician, from being dispensed by anyone other than a pharmacist. Family planning clients, who are at high risk for unplanned pregnancy, would benefit from allowing our Physician Assistant to dispense commercially, prepackaged prescriptive contraceptives in our family planning clinic under the delegated authority of our Affiliate Medical Director.

Any changes to the existing pharmacy regulations would increase our ability to provide cost-effective, high quality services to our clients. Many of our clients must travel long distances to obtain services at our clinic and would have to return to our clinic after our pharmacist dispenses their prescription. It would be extremely beneficial to our clients to be able to obtain their oral contraceptive prescription at the time of their reproductive health examination.

Along with our other mid-level health providers, Physician Assistants offer quality medical services and education to our clients. This enables us to offer our services at an affordable price. Therefore, Planned Parenthood of Missoula favors an expanded prescriptive and dispensing authority for Physician Assistants in Montana.

Sincerely,

Melanie Reynolds

Melanie Reynolds
Executive Director

EXHIBIT 2
DATE 3-1-89
HB 26

219 E. Main • Missoula, Montana 59802 • 406-728-5490

KOOTENAI ORTHOPAEDICS
Randale C. Sechrest, M.D.
Surgery of the Musculoskeletal System

401 Louisiana Avenue
Libby, Mt. 59923

Telephone
(406)293-8731

November 16, 1988

Mr. Paul Wheeler, PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler;

I am writing in regards to the efforts of your organization to pursue changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

I have been fully educated at to the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to the full extent of their capabilities. As competent members of the the health care team, working with physician supervision, PAs can provide the kind of quality health care desperately needed in the state of Montana.

As a clinic administrator concerned about the delivery of quality health care in rural Montana, I support your efforts on behalf of MAPA.

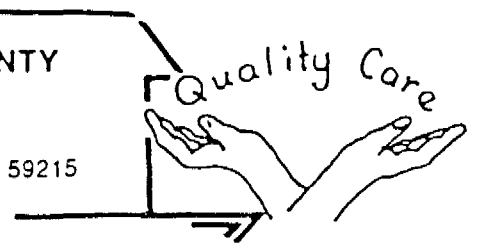
Sincerely,

Jinger B. Redd

Jinger B. Redd

EXHIBIT 2
DATE 3-1-89
HB 26

McCONE COUNTY
HOSPITAL
P.O. BOX 47
CIRCLE, MONTANA 59215



Mr. Paul Wheeler, P.A.
President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

December 13, 1988

Dear Mr. Wheeler:

I am aware that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants (PA's) in Montana.

I would like to offer my support for these critical changes. For many small rural communties like Circle, these changes to the legislation will likely make the difference between having health care services available or having no primary or acute care for a distance of at least 50-70 miles. If the proposed reforms are not passed, specifically the prescription writing privileges and the Nurse Practice Act amendments, the PA would not be a viable option for Circle. Without PA coverage, the Medical Assistance Facility Program would also not be viable. Therefore, when our current physician would retire, McCone County would be without primary and acute care services. Furthermore, both professional and non-professional jobs would be lost. In a community the size of Circle, this would have a devastating impact on an already burdened local economy.

The other extremely vital issue which you have addressed is that of third party coverage of PA services both outpatient and inpatient. This reimbursement is also key if we wish to maintain a viable health care operation.

I support your efforts in this area and if I may be of any assistance, please let me know.

Sincerely,

Nancy A. Berry
Administrator

cc: Mr. James Reid, Secretary, MAPA
Mr. Tony Wellever, MHA
Ms. Jeannie Bennet, MT Nurse Association
Ms. Phyllis McDonald, MT Board of Nursing

EXHIBIT 2
DATE 3-1-89
HB 26

Deaconess
Medical
Center

December 22, 1988

Mr. Paul Wheeler, PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, MT 59722

Dear Paul:

I would like to offer my support to MAPA's efforts to improve utilization of physician assistants in Montana.

I have worked with physician assistants in a variety of settings in Wyoming, New Mexico, and North Carolina and have been impressed with the wide range of duties that can be performed by PA's. I am aware of the current limitations affecting PA's in Montana and feel that your efforts are entirely appropriate.

Many of the locations I visit in Montana would be well-served by PA's, provided that the changes you have proposed are implemented. Without the changes, I don't see much hope for health care in many of the small, isolated communities in rural Montana.

Please let me know if I can help you in any other way. Your efforts are vitally important for rural Montana.

Sincerely,

David A. Watson
Physician Liaison

cc: Howard Zankner
Vice President
Corporate Services

Deaconess
Medical Center
of Billings, Inc.

Broadway at
Ninth Avenue North
P.O. Box 2547
Billings, Montana 59103

Telephone 406-657-4000

EXHIBIT 2
DATE 3-1-89
HB 26

Mr. Paul Wheeler, P.A.-C
President
MT Academy of Physician Assts.
P.O. Box 307
Deer Lodge, Montana 59722

Mr. Joe Killham
President
McCone County Hospital
Association
P.O. Box 47
Circle, Montana 59215

December 30, 1988

Dear Mr. Wheeler:

It has come to our attention that your organization is pursuing changes in the legislation which governs the practice of Physician Assistants (PA's) in the state of Montana.

The McCone County Hospital Association governs the operation of the McCone County Nursing Home and Hospital. The service area of these institutions is most of McCone County. As a board facing the crucial problems existent in rural health care today, we are considering new options, namely the PA, to maintain the necessary health services in McCone County.

It is our feeling that some changes are necessary in this legislation if PA's are to be a viable solution to many of the problems present in rural healthcare. Specifically, the following points are of concern:

1. Prescription Writing - In small, isolated communities such as ours, it is important for a practitioner to be able to provide a complete service to the patient, which would necessarily include prescription writing privileges. Like the other aspects of the PA's practice, this would be in consultation with the supervising physician. However, if the PA is granted prescription writing privileges, the supervising physician need not be physically present.

2. Nurse Practice Act - Currently, the Nurse Practice Act does not allow nurses to administer medications and treatments as prescribed by a Physician Assistant, The board of medical examiners has addressed this issue with a regulation that states nurses may carry out orders of a PA, since a PA works under the supervision of and in consultation with a supervising physician. The state board of nursing, however, apparently disagrees. This conflict must be resolved before nurses and PAs can successfully work together in an acute care setting.

3. Private Insurance and Medicaid Coverage - This coverage is necessary for both inpatient and outpatient services provided by a physician assistant. A large percentage

EXHIBIT 2
DATE 3-1-89

of our patients are covered by these insurances; realistically this issue must be addressed before a PA can be a successful health care practitioner.

We, the McCone County Hospital Association Board, support your efforts to change this legislation to enable PA's to become part of the rural health care team.

Sincerely,

Joe Killham, President
McCone County Hospital Association

cc: Mr. James Reid, Secretary, MAPA
Ms. Betty Lou Kasten, State Representative
Mr. Cecil Weeding, State Senator

EXHIBIT 2
DATE 3-1-89
HB 26

TOWN OF WEST YELLOWSTONE

MONTANA

naturally inviting!

January 11,1989

Senator Cecil Weeding
State Capitol Building
Helena, Montana 59620

RE: SB 26

Dear Senator,

On behalf of the Town of West Yellowstone I am writing in support of SB 26; your bill revising the licensing laws for Physician's Assistants.

I have read the proposed legislation and discussed the bill with Mr. Tom Tully, a Physician's Assistant - Certified, who resides in West Yellowstone. I have also discussed the proposal with Dr. Gene Wilkins of Ennis, Mr. Tully's Supervising Physician.

We support your legislation. The availability of the PA-C to West Yellowstone has been a veritable lifesaver.

For several years the Town went through a succession of Physicians who would stay only a short time, usually because of economic reasons or because the demands of being the only health care provider to this isolated Community were just to great. Mr. Tully arrived in West Yellowstone about three years ago and has made the difference for our Town between having health care and not. The closest Doctor to the Town when Tom arrived was in Ashton, Idaho, 60 miles away; that hospital is now closed. The next closest was the Clinic and Hospitol in Ennis, 70 miles distant. Comprehensive health care is 90 miles away in Bozeman. With our harsh winters and busy summers it was often difficult and sometimes impossible for people to get health care. Now, many of the Town's medical needs are met by Mr. Tully. Further, as Director of the West Yellowstone Ambulance I know that Tom has been in a position to literally save lives and undue hardship for injured people and their famalies when accidents or other serious illnesses have struck visitors to the area.

The legilation you propose would broaden the powers of PA - C's in Montana and put them on a par with other States in the region. PA's are part of the solution to Montana's health care problems. I sincerely believe that if all PA's are like those

TOWN OF WEST YELLOWSTONE RECREATION AREA MONTANA GALLATIN COUNTY.

Box 579 West Yellowstone, Montana 59758 (406) 646-7795

EXHIBIT 2
DATE 3-1-89
HB 26

I know, they should have this responsibility you propose and I am certain they would not abuse it.

I ask, if at all possible, you would submit this letter of support for the record when SB 26 comes up for hearing on January 25th.

Sincerely,

Kevin Ken Davis
Mayor

KKD/lwb
XC: Tom Tully

EXHIBIT 2
DATE 3-1-89
HB 26

Montana State Pharmaceutical Association

Incorporated
P.O. BOX 4718
HELENA, MONTANA 59604
TELEPHONE 406-449-3843

December 1, 1988

James R. Reid, PA-C
Legislative and Governmental
Affairs Committee
Montana Academy of Physicians Assistants
P. O. Box 1254
Libby, MT 59923

Dear Mr. Reid:

The Montana State Pharmaceutical Association is pleased that the Physician Assistants have been willing to incorporate language in their bill that we have requested to clarify areas of concern.

We do not have any problems with this bill since clarification has been made as per our request.

Sincerely,

Robert H. Likewise

RHL/al

EXHIBIT 2
DATE 3-1-89
HB 26

YELLOWSTONE COUNTY PHARMACISTS

12-1-88

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physiciann assistants (PAs) in this state.

Although not a formal organization, we as individual pharmacists wish to indorse the purposed changes by your organization, particularly the effort to gain prescriptive rights. We applaud your foresight in seeking input by the Montana Board of Pharmacy and the Montana Pharmaceutical Association in drafting that section of the legislation.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

As practicing pharmacists, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Dale F. Miller R.Ph Billings, Mt.

Theodor P. Walters R.Ph Billins, Mt.

Scott Nafts R. Ph Billings, Mt.

Walter B. Fellows R.Ph Billings, Mt.

Charles Balzarini R.Ph Billings, Mt.

Howard W. George R.Ph Worden, Mt

EXHIBIT 2
DATE 3-1-89
HB 26

PAT WILLIAMS
MONTANA, WESTERN DISTRICT

MAJORITY DEPUTY WHIP

COMMITTEES
BUDGET
CHAIRMAN
TASK FORCE
ON HUMAN RESOURCES
EDUCATION AND LABOR
CHAIRMAN
POSTSECONDARY EDUCATION
SUBCOMMITTEES:
ELEMENTARY, SECONDARY AND
VOCATIONAL EDUCATION
EMPLOYMENT OPPORTUNITIES
LABOR STANDARDS
SELECT EDUCATION

Congress of the United States
House of Representatives
Washington, DC 20515

2457 RAYBURN BUILDING
WASHINGTON, DC 20515
(202) 225-3211

DISTRICT OFFICES
BUTTE
(406) 723-4404
FINLEN COMPLEX
59701
HELENA
(406) 443-7878
32 N. LAST CHANCE GULCH
59601
MISSOULA
(406) 549-5550
302 W. BROADWAY
59802

September 21, 1988

Mr. Jesse T. Brown
203 Kootenai Drive
Libby, Montana 59923

Dear Jesse:

Thank you for including me during your recent visit to Washington, D.C. I am sorry I was unable to meet with you. As you know, the fires in Yellowstone and throughout Montana took me unexpectedly out of the Washington office Thursday.

I appreciate you meeting with Don. He has passed on your interest and continued efforts to achieve Montana legislative action for the appropriate regulations and accreditation for physician assistants. I believe your efforts are on the right track to raise the nursing community's awareness of compatible physician, physician assistant, and nursing relationships which exist in other states with broadened but clearly defined physician assistant certification and regulations.

I know interest is rising in establishing interim acute medical treatment centers in Montana. I believe your point that physician assistants are needed to bring this plan to fruition is a compelling reason for your continued efforts. I wish you well.

I have written to General Ledford requesting consideration for granting commissioned officer status to physician assistants in the Army as is now practiced in the Navy and Air Force. I have also noted your support for S. 2597 and contacted Congressman Waxman in regards to H.R. 4983 which starts with a set $5 million grant for 1989 and increases 4% for two successive years.

Thanks again for coming in to meet. The information you have provided is helpful.

Best regards.

Sincerely,

Pat

Pat Williams

EXHIBIT 2
DATE 3-1-89
HB 26

Box 48
Broadus, Mt. 59317
Dec. 9, 1988

Mr. Jim Reed, P. A.
Box 1254
Libby, Mt. 59923

Dear Jim:

Have been trying to get the exact wording of Farm Bureau Policy but so far they have not sent out the new policy books. This is the policy our lobbyists will be guided by at the up-coming legislative session.

I am enclosing the news bulletin that was in our Powder River Examiner and an approximate wording of the policy that will appear in the policy book. "We support enabling legislation for the profession of Physician Assistant."

Did you contact the Mt. Chamber of Commerce for their support? They are well organized at the state level for the purpose of lobbying.

Hope this answers your questions. If I can be of further help please let me know.

Sincerely,

Joe McDowell, Vice Pres.
Powder River Co. Farm Bureau

cc; Jim Tavery, Admin.
Powder River Rest Home

EXHIBIT 2
DATE 3-1-89
HB 26

Heights Family Practice Clinic
935 Lake Elmo Road
Billings, Montana 59105
(406) 657-7674

JOHN J. MALLOY, M.D.

October 17, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P. O. Box 307
Deer Lodge, Montana, 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assisants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

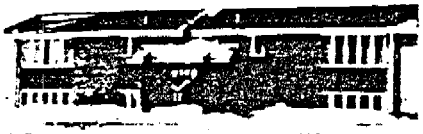
Sincerely,

Diane Foster, RLT
Registered Laboratory Technician

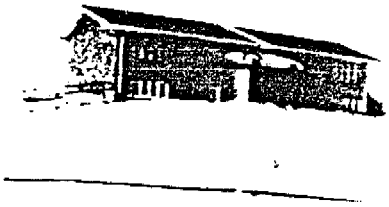
Wilma Hoff, EMT CRT
Certified Radiology Technician

DF/WH:mw

EXHIBIT 2
DATE 3-1-89
HB 26



Flying V Apts. Inc.



BOX 137

ELMO DREYER, PRES. CIRCLE, MONTANA 59215 EFFIE DREYER, SEC.

PHONE 406/485-2566

January 10, 1989

Dear Mr. Reid:

Yesterday's Billings Gazette had a major story on PA's in Montana and you were listed as their sec. Senator Cecil Weeding's bill # 26, is very important for the state of Montana. I wrote and told him too, to keep pushing it.

Doctor's just don't want to come to some smalltowns in eastern Montana. Circle is about 950 I guess. We do have an old doctor here that would chase anybody out. He has been here since 1961 and made a mint of money, but has control of the county. But still PA's are needed in a lot of places.

I hope that you can get the changes in the laws about presciptionns etc. Dan Muniak from Jordan has been in Circle when our other doctor was out of town, and is really well liked.

When the bill comes up, and if you need support, I believe I could get some letters or telephone calls from here. We have a major problem here so know how bad doctor help is needed a lot of places.

We have aabout a foot of snow here now, but sure do need the moisture for dams and crops.

Thanks for what you are doing.

Yours truly,

Elmo Dreyer

EXHIBIT 2
DATE 3-1-89
HB 26

Peggy Bartlett R.N.
Montana State Prison
Deer Lodge, MT 59722
846-1320 x2212

February, 1989
Proponent SB26
House Human Services Committee

Madam Chairman and members of the Committee,

I am Peggy Bartlett RN. I have been at the Montana State Prison Deer Lodge, for the last five and a half years. There I have had the opportunity to work with two PAs. I can speak very highly of the kind and quality of care that PAs provide. There are many nurses at the prison and across Montana who have worked with PAs and have an understanding of their role and abilities in the delivery of quality midlevel medical care. Even before the compromises made with the MNA, I and these nurses who accept the expanded utilization of PAs in Montana, have whole heartedly supported SB26. I encourage you to do the same.

SB26 in its present form, if the MNA and the board of nursing make good on their commitments to withdraw their previous position statements to the contrary, will facilitate the ability of Montana nurses to carry out medication and treatment orders from PAs. This is a very necessary change that will improve the practical delivery of health care in rural Montana. I speak for myself and the other nurses at Montana State Prison and across the state, in applauding the resolution of this long standing conflict.

Please give SB26 a do pass.

Thank you.

Peggy Bartlett, R.N.

EXHIBIT 2
DATE 3-1-89
HB 26

Paul Wheeler PA-C
808 Milwaukee
Deer Lodge, MT 59722
406-846-2861

House Human Services Committee

February, 1989

Proponent SB26

Madam Chairman and members of the committee,

I am Paul Wheeler, a physician assistant practicing in Deer Lodge at the Montana State Prison. As president, I am representing the Montana Academy of Physician Assistants in asking you to give SB26 a favorable report.

We are pleased, with Senator Weeding's gracious assistance, to be able to bring to you SB26 as amended in the Senate. After significant debate following the Senate Public Helath Committee hearing, MAPA, the MMA, and the MNA have reached compromise language for SB26 that will achieve our primary goals and protect their special interests.

Continuing a grass roots effort to reform PA laws, MAPA developed SB26 to expand and better define the roles of PAs statewide. By allowing PAs to practice to their full capacity in Montana as they do in other rural states, as part of a physician/PA team, PAs will be able to offer Montana health care consumers, especially in the rural, medically underserved majority of

EXHIBIT 3
DATE 3-1-89
HB 26

the state, a workable solution to the current health care provider shortage. Montana has only 26 practicing PAs, as compared to South Dakota's 150 and Washington's 600. This disparity is not because Montana's need for mid-level providers is any less. It is only because our laws are sub-standard and outdated.

I have presented to the committee secretary, an extensive list of physicians, nurses, pharmacists, administrators, and others who support this bill and copies of the letters that express their support.

MAPA has received inquiries from over 15 communities who are considering securing a PA. Many of them have no physician or are facing the possibility of losing their current physician if someone is not found to help share the load. I doubt if PAs will come to Montana and address these needs if the reform measures proposed in SB26 are rejected.

Unless SB26 is passed, a viable solution to Montana's rural health care provider crisis may never be realized. I have not seen another bill that offers Montanans a more viable option.

Please give SB26 a do pass.

Thank you.

EXHIBIT 3
DATE 3-1-89
HB 26

James R. Reid, PA-C
Box 1254
Libby, Montana
406-293-4349

Jesse Brown, PA-C
203 Kootenai Drive
Libby, Montana
406-293-9830

February, 1989
House Human Services Committee
Proponent for SB26

Madam Chairman and members of the committee,

I am Jesse Brown, a physician assistant practicing in Libby. I am presenting this testimony on behalf of Jim Reid, also of Libby, who is unable to attend today.

I would like to highlight a few important points about SB26. Most importantly, this bill does not propose anything new or different from what is currently being done in other nearby, rural states.

Prescribing by PAs is currently prohibited in Montana. Twenty-one other states however grant prescribing/dispensing authority to PAs. Prescriptive authority is absolutely necessary if PAs are going to staff satellite clinics or medical assistance facilities without placing themselves, their supervising physicians, and their local pharmacists in jeopardy. The current language in SB26 authorizes PA prescribing under regulation of the board of medical examiners and the supervising physician. Both will pre-approve prescribing practices by PAs by way of rule and utilization plan.

To avoid competition with pharmacists, and at their request, SB26 imposes the same limitations on dispensing by PAs as are placed on physicians.

The language on billing does not authorize PAs to bill independently, but does provide a mechanism to secure

EXHIBIT 4
DATE 2-1-89
HB 26

reimbursement for PA services that will help assure the fiscal survivability of rural clinics and MAFs staffed by PAs. Recognizing the cost effectiveness of PAs, the federal medicare program currently reimburses for PA services in all health manpower shortage areas. SB26 will provide for the medicaid program and other insurers to reimburse PA services as well.

Section 3 of SB26, which establishes the physician assistant as an agent of the supervising physician, will allow nurses to carry out medication and treatment orders from PAs and still function within the scope of their nurse practice act.

SB26 also provides for a non-voting liaison to the board of medical examiners. This position does not incur any expense to the board but does give the board a resource for information on the appropriate utilization of PAs.

I urge you to give SB26 your utmost consideration, and a do pass.

Thank you.

James R. Reid PA-C

EXHIBIT 4
DATE 3-1-89

Susan Cahill, PA-C
6100 Highway 35
Big Fork, Montana
406-755-3752

House Human Services Committee
February, 1989
Proponent SB26

Madam Chairman and members of the committee,

I am Susan Cahill. As a PA, I have practiced with Dr. James Armstrong in Kalispell for 12 years. For your benefit, I would like to review the education and credentialing requirements for physician assistants.

PAs are educated at programs located primarily in university schools of medicine or allied health. The majority of the 51 accredited programs require two years of basic biological science pre-requisites which are followed by 24 months of professional education. PA programs are accredited by the American Medical Association's Committee on Allied Health Education and Accreditation.

PA students are trained by physicians. In the first year, a physician assistant student completes courses in the basic medical sciences. These are integrated with, or followed by a course in clinical medicine. Second year students complete clinical experiences in family practice, internal medicine, obstetrics, gynecology, psychiatry, surgery, and emergency medicine, among others. These clinical rotations occur within a hospital, office, clinic or institutional setting and are supervised by practicing physicians.

Physician assistants are trained to perform physical exams, order and interpret lab and x-ray studies, diagnose illness and disease,

EXHIBIT 5
DATE 3-1-89
HB 26

and prescribe medications.

An academic degree and/or certificate is awarded upon graduation. PAs then sit for the two day national board examination administered by the National Commission on Certification of Physician Assistants. This is an independent agency originally formed as a branch of the National Board of Medical Examiners which administers board exams to physicians.

Re-registration with the NCCPA is required every two years by completion of 100 hours of AMA approved continuing medical education. Re-certification by examination is required every six years.

Having passed the national board exam, PAs are then subject to individual state regulations usually administered by the state board of medical examiners.

I hope this information is helpful in your evaluation of SB26 and approving the changes it proposes.

Thank you.

EXHIBIT 5
DATE 3-1-89
HB 26

RESOLUTION 88- 1

PHYSICIAN'S ASSISTANT

WHEREAS, the vast majority of the State of Montana is considered rural in nature; and

WHEREAS, experience has demonstrated that most competent medical doctors choose to practice in the less isolated areas and many of our rural sectors are medically under served or face the prospect of becoming so in the near future; and

WHEREAS, numerous physicians and health care entities in our nation have relied for many years on the professional skills of physician's assistants; and

WHEREAS, the improvement of medical services in our sister states of South Dakota, Oregon, Alaska, Idaho, Wyoming and Washington demonstrates the success of upgraded laws and regulations concerning physician's assistants; and

WHEREAS, a positive change in the Montana Laws and regulations, concerning the practice of physician's assistants, would be a productive step toward increased usefulness of physician's assistants as professional medical providers substantially improving medical care for the residents of the State of Montana.

NOW THEREFORE BE IT RESOLVED that the Montana Association of Counties supports legislation during Montana's 1989 Legislative Session designed to restructure and revise Montana Laws and associated statutes and regulations allowing Physician's Assistants to function in a similar manner as they do now in those states previously mentioned.

SPONSORED BY: Districts 1-2-3

PRIORITY: HIGH

APPROVED: ANNUAL CONVENTION

DATE: JUNE 15, 1988

EXHIBIT 6
DATE 3-1-89
HB 26

STATE OF MONTANA
DEPARTMENT OF FAMILY SERVICES

LICENSING REQUIREMENTS FOR ADULT FOSTER HOMES

EXHIBIT 7
DATE 3-1-89
HB 26

Reprinted 9/88

MONTANA FARM BUREAU FEDERATION
502 South 19th • Bozeman, Montana 59715
Phone: (406) 587-3153

BILL # SB 26 ; TESTIMONY BY: Lorna Frank

DATE March 1, 1989 ; SUPPORT Yes ; OPPOSE _____

Mr. Chairman, members of the committee, for the record, my name is Lorna Frank, representing 3600 Montana Farm Bureau members.

We support SB 26 and was glad to see that a compromise was worked out on this bill. We see this as a solution to the lack of available physicians in some rural areas.

We urge this committee to give SB 26 a "do concur" recommendation, Thank you for allowing us to testify on this bill.

SIGNED: Lorna Frank

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SB 26 DATE 3/1/89

SPONSOR Senator Weeding

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Roger Knapp	H.D #27	X	
Bob Brown	SB # 26	X	
Gordon Morris	MACo	SB 26	
William Leftwich	MACo + Fallon Co	X	
Gyl M Eyl Do.	Fallon Medical Complex	X	
Jesse Bloom	MAPA.	X	
DAN Davis PA-C	DAHL Memorial Healthcare Ekalaka, MT	X	
David Watson	Deaconess Medical Center of Billings Inc	X	
Susan Cahill	MAPA	X	
RANDY SPEAR	Huntley Project Medical Center, Worden MT	X	
Janet Fowler	mt med assn	✓	
Selena Nelson	Fallon Co Complex, Baker	✓	
Ada Keeling EMT	Garfield Co. Health Center (Jordan	✓	
P(W)heeler MAPA	MAPA	✓	
Peg Bartlett	MSP	X	
Sandra Pederson	MSP	X	
Don Sullivan PA-C	MAPA	X	
Gary Bailey	Supt. of Schools	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

McCONE COUNTY
HOSPITAL
P.O. BOX 47
CIRCLE, MONTANA 59215

Mr. Jim Reid, PA-C
Secretary
Montana Academy of Physician Assistants
P.O. Box 1254
Libby, Montana 59923

January 16, 1989

Dear Mr. Reid:

It is our understanding that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants in the state of Montana, specifically the Nurse Practice Act. We support your efforts to amend the Nurse Practice Act to allow Nurses to carry out orders of Physician Assistants.

Sincerely,

Nurses of McCone County Hospital

cc: MAPA, Helena

EXHIBIT 2
DATE 3-1-89

November 30, 1988

Board of Medical Examiners
State of Montana
Mitchell Building
Helena, MT 59601

Dear Ladies and Gentlemen:

My experience with physician assistants consists of the last three years as a supervising physician of two physician assistants. Physician assistant services are invaluable in the practice of medicine in this particular setting.

I strongly encourage you to support the proposed legislation of the Montana Academy of Physician Assistants.

Sincerely,

WILLIAM A. VESSIE, M.D.

PEW/WAV/cmj

EXHIBIT 2
DATE 3-1-89
HB 26

JAMES H. ARMSTRONG, M.D.
795 SUNSET BOULEVARD
KALISPELL, MONTANA 59901
Telephone ~~257-8600~~ 752-8104

Montana Board of Medical Examiners
1424 9th Avenue
Helena, Montana

EXHIBIT 2
DATE 3-1-89
HB 26

Dear Ladies and Gentlemen:

I am writing in support of the effort of the physician's Assistants in montana to revise the law so as to permit them to provide more services under the supervision of the employing physician.

For example it would be very helpful to me if Ms. Susan Cahill, PA, who is employed by me, could write prescriptions as authorized and needed by me.

It seems to me also a good idea to have a PA and/or a PA employee on the Board to provide more input.

As you know PA's are not interested in independent practice as some groups are, but only under the supervision of a physician.

Thanking you sincerely,
James H. Armstrong

St. John's Lutheran Hospital, Inc.

August 12, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
808 Milwaukee
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Bob Magone RN
254 Warden Rd
Libby, Mt. 59923

Thomas B Hazlett RN
1216 Louisiana Ave
Libby, MT 59923

[illegible] RN, MSN
PO Box 1102
Libby, MT 59923

[illegible]

Gina Edgar RN
170 Glendora Ave
Libby MT. 59923

[illegible]
983 Sheldon Flats Rd
Libby, MT 59923

Sheila Clark, RN
644 Florence Rd.
Libby, MT. 59923

[illegible]

Connie Boyd
2659 Bull Lake R
Troy, Mont. 5943

[illegible]
437 Florence R
Libby, Mt. 5942

EXHIBIT 2
DATE 3-1-89
HB 26

Providing Total Care for the Community

rhc

Rosebud Health Care Center

October 7, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity,. As competent members of the health care team working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Joyce Asay

Joyce Asay
Administrator

Marilyn Kanto, R.N.
County Home Director
Darlene Shaupe RN.

Margaret [illegible], RN
(Hospital)

383 N. 17th Avenue, Forsyth, Montana 59327
356-2161 or 1-800-826-0674

EXHIBIT 2
DATE 3-1-89
HB 26

COMMUNITY
CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

October 28, 1988

Mr. Paul Wheeler PA-C, President
Montana Academy of Physician Assistants
P.O. Box 307
Deer Lodge, MT 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperatly needs.

As practicing registered nurses, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Deanna Logar R.N
Deanna Logar, R.N.

Mary Graham RN
Mary Graham, R.N.

Helen Jensen R.N.
Helen Jensen, R.N.

EXHIBIT 2
DATE 3-1-89
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CLINIC

BOX 1119
BAKER, MONTANA 59313
(406) 778-2833

October 28, 1988

Honorable Leo A. Giacometto
Montana House of Representatives
Helena, MT 59620

Dear Mr. Giacometto,

It has come to our attention that the Montana Academy of Physician Assistants is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperatly needs.

As practicing registered nurses, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Deana Logar
Registered Nurse

Mary Graham
Registered Nurse

Helen Jensen
Registered Nurse

offices nurses

EXHIBIT 2
DATE 3-1-89